The American Journal of
NURSING

VOLUME XXVIII JUNE, 1928 NUMBER 6

The Nursing Care of Pregnancy Toxemias

Part I—Nausea and Vomiting of Early Pregnancy

BY PAUL TITUS, M.D.

THE nursing care of a patient with toxemia, whether this be in the early or late months of her pregnancy, is unquestionably of the utmost importance. Upon her nursing care may actually depend the complete success or failure of the management of such a patient, for reasons which will presently be obvious.

The entire subject of the origin and cause of pregnancy toxemias has been so obscure that there has not been, until comparatively recently, any systematic course of medical treatment, in consequence of which anything like a nursing routine or standard has been almost non-existent.

Recently these mysterious and baffling diseases have become somewhat more understandable, and before attempting to outline any general nursing principles for the care of these patients, it is apparent that a brief explanation should be made of the present-day conception of the origin and medical treatment of pregnancy toxemias.

SIMILARITY OF PREGNANCY TOXEMIAS TO "HUNGER DISEASES"

ALTHOUGH we still lack final and conclusive proof, there is now at hand sufficient experimental and laboratory, as well as clinical evidence to show that pregnancy toxemias are closely related physiologically to the "hunger" or wasting diseases (the emaciation of cancer, tuberculosis, etc.). We know that the rapidly enlarging uterus and the swiftly growing fetus require enormous quantities of nourishment in the form of glycogen (or body sugar) and that the liver which is the glycogen storehouse of the body is called upon to furnish this to its own detriment. One function of the liver is to combat any toxins which may form within the body or which may be taken in as actual poisons, and when depleted of its glycogen its function in this respect is greatly impaired.

Consequently, ordinary body toxins which usually are quite readily neutralized by the liver, soon overwhelm the patient unless she is compensating for this drainage of her glycogen stores by an increased carbohydrate (starches and sugars) intake in her diet.

EFFECT OF DIET ON "MORNING SICKNESS"

SO-CALLED toxemia is manifested in early pregnancy by nausea and vomiting, and it is a fact that in the early stages of this affliction relief

may be obtained quite promptly by the simple procedure of eating frequent, small meals, high in carbohydrates (especially sugar).

It is a striking corroboration of these ideas that the woman who is dieting to reduce or to remain thin almost invariably has nausea and vomiting in the early weeks of pregnancy, and conversely the woman who is ordinarily well nourished and fond of good wholesome food, with a pleasant but not inordinate taste for sweets and desserts, seldom suffers from any pregnancy toxemia.

The mild cases, therefore, are usually favorably affected by proper directions and instruction but those women who are more seriously sick—this condition frequently proves fatal if neglected—require isolation, preferably in a hospital, and the most expert and efficient medical and nursing care.

At the St. Margaret Memorial Hospital, Pittsburgh, where an intensive research study of these conditions has been under way for several years, a definite outline has been arranged for use by both the interne and the nursing staffs. A copy of this outline is attached to the order chart, and is used as a schedule from which daily orders may be followed in detail.

It is surprising how closely it is possible to adhere to the dietetic schedule, and how regularly patients will improve according to the routine expectations of this outline.

We have come to believe that no matter how seriously ill, with but a few exceptions, every patient with vomiting of pregnancy may be expected to progress about as follows: Complete cessation of vomiting within twelve to twenty-four hours; return of appetite within forty-eight to seventy-two hours; distinct longings of appetite and hunger within ninety-six hours (4 days); return to general tray by the end of one week.

Slower progress and relapses we class as partial failures, it being apparent, therefore, that our expectations for the treatment are rigorous.

A copy of the outline follows, and attention is again drawn to the fact that this treatment consists chiefly of detailed nursing care:

Outline of Treatment for Nausea and Vomiting of Pregnancy[1]

General Directions

1. The patient should be isolated from visitors, and the best and most rapid results are obtained if she is sent to the hospital. The husband may be permitted (not oftener than once daily) to make short visits, but no one else of family or friends is to be admitted except by special arrangement with the doctor.

2. The patient should be absolutely at rest in bed until four or five days after vomiting has entirely subsided.

3. At 8.30 a. m. and 8.30 p. m., daily, an enema is to be given, unless the bowels have moved freely shortly before. This is to be followed by the injection into the rectum of a solution containing sodium bromide grs. xxx, chloral hydrate grs. x in one-half to one ounce of warm water (starch water if the bowel is irritable). As the patient begins to improve, omit the evening dose of these sedatives first, and presently stop the morning dose.

4. As soon as nausea and vomiting have subsided sufficiently, so that it may be retained, a cathartic dose of milk of magnesia should be given every day or two at bedtime.

5. Gastric lavage should be employed from one to three times daily if vomiting persists in spite of the period of rest when no food or water is being taken by mouth. Magnesium sulphate (1 oz.) should be introduced through the tube once daily at the end of a lavage. Drinking one or two glassfuls of warm sodium bicarbonate solution is a poor but useful substitute for the stomach tube.

6. Glucose, or lactose (10%), and sodium bicarbonate (2%) solution is to be given by enteroclysis as continuously as can be tolerated. The "tidal stand" method of Harris is

[1] This outline was included in a medical article which appeared in the *West Virginia Medical Journal*, December, 1926.

preferred to the "Murphy drip" but the latter may be used.

7. Intravenous injections of glucose solution should be begun promptly if vomiting is excessive, or if it does not cease immediately with the simple measures of diet restriction and rest. These injections should be given from one to four times daily, depending on indications and response to treatment. The usual mistake is to give too few injections of too weak solution. The therapeutic dose of glucose is 75 grams in 300 c.c. of distilled water (25%). Continue injections until the patient is relieved of vomiting and is taking food freely.

Ampules of sterile glucose solution for intravenous injection may be purchased through pharmacists or it may be prepared in any well-equipped laboratory. Avoid ampules containing cresol.[2]

Strong hypertonic solution (25%) of glucose is best for intravenous injection. If more water is needed to combat dehydration, five to ten per cent sterile glucose solution may be injected under the breasts and into the axillae. This is preferable to salt solution, as the latter may be toxic in these cases. From one to three thousand c.c. may be given over a period of several hours' time. There is danger of slough or abscess formation if any solution is given by this method either too rapidly, too frequently, or if it is not carefully sterilized.

Submammary infusion is *not* a substitute for intravenous injection of glucose solution.

8. Frequent feedings are essential after the initial period of rest, and carbohydrates should predominate. The amount and kinds of food should be increased slowly, but steadily, as outlined in diet list below. Nourishment should commence at 7 a. m., or even sooner, if the patient is awake.

9. In order to determine exactly when acetone and diacetic acid disappear from the urine, each specimen voided is to be sent separately to the Laboratory. Each specimen, therefore, is to be measured, the amount voided and the time recorded on the chart, the specimen bottle marked in the usual way with the addition of the *time voided*, and sent immediately to the laboratory. Night specimens are to be kept on ice until morning. Request general analysis with special attention to acetone and diacetic acid.

10. A specimen of blood is to be taken by the interne as soon as practicable after admission, for estimation of blood sugar and blood alkali reserve. To be repeated each morning before the first intravenous injection of the day, until the patient shows marked improvement.

Diet List and Regimen

First six to twelve hours: Nothing by mouth. Quench thirst by wetting lips with water, orange juice with or without glycerine, and by enteroclysis.

Second twelve hours: Water in half-ounce doses every fifteen minutes. The patient should be awakened for this dosage night or day (second twelve hours only). Continue enteroclysis of glucose and soda solution.

Second twenty-four hours:

7 a.m. Hot tea with sugar and lemon (2 oz.).
8 a.m. Glucose (10%) and soda bicarb. (2%) solution (2 oz.).
9 a.m. Orange albumin with chipped ice (2 oz.).
10 a.m. Glucose and soda solution with chipped ice (2 oz.).
11 a.m. Orange or pear juice albumin, chipped ice (2 oz.).
12 m. Glucose and soda solution, chipped ice (2 oz.).
1 p.m. Hot tea with sugar and lemon (2 oz.).
2 p.m. Glucose and soda solution, chipped ice (2 oz.).

Continue thus at hourly intervals throughout the day, alternating any of these liquids with glucose, or lactose, and soda solution until asleep at night. Water should be taken in one- or two-ounce doses between feedings. During the day and up to 9 p. m. patient should be awakened punctually for this dosage. Continue enteroclysis.

Third twenty-four hours: Same as second, but doubled in amounts if nausea is merely lessened. If nausea and vomiting have practically ceased, and nourishment of second 24 hours is being retained, give:

7 a.m. Hot tea (2 to 3 oz.) with sugar and lemon; piece of twice toasted stale bread.
8 a.m. Glucose and soda solution (2 oz.) with orange or lemon juice if desired, and served with chipped ice.
9 a.m. Hot cream-of-wheat gruel (2 to 3 oz.) with sugar but *no* cream or milk.
10 a.m. Glucose and soda solution (2 oz.), chipped ice.

[2] For detailed directions see the following reference: Titus, Paul: Hyperemesis Gravidarum; Treatment by Intravenous Injections of Glucose, and Carbohydrate Feedings, *Journal of the Amer. Med. Assoc.*, August 15, 1925, Vol. 85, pp. 488–493.

11 a.m. Orange or other fruit juice in albumin water with chipped ice (2 oz.).
12 m. Clear broth, or cream of pea, celery, potato, or bean soup (2 oz.) with one unsalted cracker.
1 p.m. Glucose and soda solution (2 oz.), chipped ice.
2 p.m. Orange, or pear, or pineapple juice in albumin water with chipped ice (2 oz.).
3 p.m. Glucose and soda solution (2 oz.) with chipped ice.
4 p.m. Hot tea (1 teacupful) with sugar and lemon, and thin bread and butter sandwich (piece of lettuce if desired).
5 p.m. Glucose and soda solution (2 oz.) with chipped ice.
6 p.m. Cream, or vegetable soup (without onion or cabbage) (2 oz.) with one or two unsalted crackers.
7 p.m. Glucose and soda solution (2 oz.) with chipped ice.
8 p.m. Fruit juice, or fruit juice with albumin water (2 oz.) with chipped ice.
9 p.m. Glucose and soda solution (2 oz.) with chipped ice.
10 p.m. Hot malted milk (made with water instead of milk), or hot clear broth (2 oz.), with one unsalted cracker. Similar nourishment if awake during night. Water between feedings, as possible. Continue enteroclysis.

Fourth twenty-four hours:

7 a.m. Cream of wheat gruel with cream and sugar (small portion), tea, or coffee, or cocoa with cream and sugar (2 to 4 oz.), one piece dry toast.
8.30 a.m. Glucose and soda solution (2 oz.) with chipped ice.
10 a.m. Clear broth and crackers.
12 m. Cream soup (2 to 4 oz.), crackers or toast, corn-starch pudding or "floating island" pudding or vanilla ice cream (1 to 3 oz.).
1.30 p.m. Glucose and soda solution (2 oz.) with chipped ice.
3 p.m. Orangeade, or other fruit juice with water and sugar (3 oz.) with chipped ice.
4 p.m. Hot tea (one teacupful) with sugar and lemon, with thin bread and butter or lettuce sandwich, or "lady finger," or one crisp sugar cookie, or small piece "angel's food" cake.
6 p.m. Cream soup or broth, with crackers or toast, small piece well-baked potato, pear-juice or other fruit ice, or other dessert as at noon, tea with lemon and sugar as desired.
8 p.m. Glucose and soda solution (2 oz.) with chipped ice.
9.30 p.m. Hot malted milk, or clear broth with cracker.
Continue enteroclysis. Consider discontinuing evening dose of chloral and bromide.

Fifth twenty-four hours:

7 a.m. Breakfast. Orange juice, or half an orange with sugar, small portion any cereal, except oatmeal, with cream and sugar, toast with honey or maple sugar, tea or coffee or cocoa with cream (or not as desired) and sugar.
10 a.m. Clear broth and crackers.
12.30 p.m. Lunch. Creamed carrots or corn or spinach, small piece baked potato (white or sweet); coddled or poached egg, toast or crackers, honey, raisins or dates, stewed fruit (except apricots or plums), or baked apple (hot), tapioca or rice or cornstarch pudding, or ice cream, tea with sugar.
3.30 p.m. Hot tea with lemon and sugar, lettuce sandwich, or cinnamon toast, or small piece sponge cake.
6 p.m. Dinner. Cream soup or broth, crackers, sweetbread on toast, or lamb chop, or chicken, or squab, baked potato, carrots, or spinach or peas, desserts as at lunch, tea or cocoa with sugar.
9 p.m. Hot malted milk, or broth, and crackers.

Clear candy (butterscotch or caramels) may be eaten after meals at dessert time. Raisins and dates are recommended and may be eaten at dessert time, or between meals if hungry. Night dose of bromides and chloral discontinued by or before this time.

Sixth twenty-four hours: General diet selected along lines similar to above, catering to patient's desires when not too bizarre, and giving nourishment every two to three hours. Never allow patient to become hungry.

Seventh twenty-four hours: As sixth. Allow up in chair for hour or two if well. Discontinue all bromides and chloral.

NOTE.—From second day on, exceptions to above diet may be made as patient expresses

a desire for any particular articles of food, if not unreasonable. This may be given once or even twice in a day to stimulate desire for food. For example, a patient may ask for a hard cracker or water biscuit to chew, or a little caviar, or a piece of steak (which latter may be chewed, but not swallowed before the fourth day), or a piece of celery. Because chewing stimulates salivation and thus digestion, this is to be encouraged.

Progress, faster than outlined as expected by diet list, may warrant advancing the day's allowance of food after the first two days. At the first, however, it is advisable to advance slowly until the patient begins to complain of a little hunger or to express a desire for food.

Relapses may occur in the first day or two, but after a short period of rest, the treatment and dietetic regimen should go forward steadily. If the patient vomits once or twice during the first twenty-four to forty-eight hours, do not stop the treatment to start over again, but push on, after washing out the stomach, as though nothing had happened.

Glucose and soda by mouth, as well as large amounts of sweets, occasionally nauseate after a few days. In such case they may be temporarily omitted, depending on starches for the necessary carbohydrate, and adding proteins (chops, chicken, or steak) to chew and eat for variety and appetite.

Do not let the patient decide because she may "have no appetite" or "is not hungry" that she will not eat at a stipulated mealtime. At least small amounts of nourishment *must* be taken at each designated time regardless of any lack of desire for food. Foods which are actively nauseating to a patient are to be avoided, however, even though included in the above list. Milk and milk preparations usually are not well tolerated by these patients.

It is important that the above details be carried out *on time*. It is also important that food, especially liquids, should be either hot or cold; never lukewarm.

Use of Intravenous Injections of Glucose (Dextrose)

It will be noted that the use of glucose solution injected intravenously is referred to in the above outline. This is a most useful and effective form of treatment, especially if the patient is seriously ill, and our development of this new therapeutic measure for the treatment of acidosis from this, as well as other causes, was the direct outgrowth of the so-called carbohydrate deficiency theory as to the origin of these conditions.

It is an interesting fact that in our clinic where this work was begun and developed, and probably in many others, as well, the details of this highly technical work, except for the operation of the injection itself, are in the hands of our nursing staff. The infusion outfit must be "put up" and sterilized in the autoclave according to a definite technic, in order to prevent reactions, and even the actual preparation of the glucose solutions to be injected is done by our head nurse in charge of the operating rooms.

Any nurse taking such full charge of this work should be referred for further details of technic to a recent publication under the following title, "The Common Causes and the Prevention of Reactions Following Intravenous Injections of Glucose (Dextrose) Solution," by Paul Titus and Paul Dodds; *American Journal of Obstetrics and Gynecology*, 14: 181 (August), 1927.

Particular mention should be made in this paper, however, of the proper method of preparation of new rubber tubing for use in such injections, since this falls regularly to the lot of the nurse. The plan which we have adopted is that which was originally recommended at the Sloane Hospital for Women in New York and consists of the following directions: New rubber tubing should be treated, before being used for intravenous injections, as follows: (1) Soak in soap and water for one hour, (2) wash well with soap and water, (3) wash in running water, (4) soak for six hours in 4 per cent solution of sodium hydroxide, (5) wash well in running water, (6) wash well in distilled water. The reason for these

elaborate precautions is that the chemicals with which rubber is treated in the process of its manufacture into tubing, may be absorbed readily from the rubber when new, and if injected into the blood stream frequently cause sharp reactions.

Since this particular method of treatment for pregnancy toxemias (intravenous injections of glucose) was originally developed in my service, I feel that I have the privilege of stating that nursing interest has aided in its development, and that nursing care is essential to its successful use in these patients.

Exceptionally the physician in charge of a case of hyperemesis is faced by the choice of performing a therapeutic abortion or of letting the patient die. This is not a matter primarily of nursing concern, and my only comment here would be that the majority of such situations could have been avoided if rigorous measures had been taken in time. Once facing such a difficult proposition as imminent death from pernicious vomiting, however, immediate action is necessary and to temporize is fatal.

My final comment is that nausea and vomiting in pregnancy are largely preventable and that it is almost totally unnecessary for it to be borne. Even seriously sick patients can usually be entirely relieved within a week after appropriate treatment is begun.

(To be continued)

An Accident Ward Is No Place for Self-Pity

I HOPE I shall never again be blown up! even though my first experience of that sort resulted in the most helpful three weeks of my life. But if I should again be the victim of an accident, I trust that I shall have sense and courage enough to tell them to put me into a room with other patients, where I'd have to get well for the sake of those around me!—A hospital ward, I discovered when a patient in one, is a place of high courage, of easy friendships, and of quick sympathy. In a miscellaneous ward, human beings are reduced—or elevated!—to a common level, and each one helps the other to get well. A fellow in a ward can't bemoan his fate out loud, can't pity himself too much, lest he hurt the morale of the other patients, or arouse their resentment.—From Elwin R. Sanborn's, "An Explosion Taught Me How To Live," *American Magazine*, April, 1928, page 60.

Are You Protected against Smallpox?

THERE are three things which will prevent smallpox from gaining a foothold:

1. The vaccination of all babies within the first few weeks of life. No child should reach its first birthday without having been vaccinated. Vaccination may safely be given on the very first day of life.

2. Revaccination every five years. A successful vaccination will last for at least five years. Some last much longer, but there is no assurance that they will do so and the only means of finding out whether or not protection has gone is by being revaccinated. If the revaccination "takes" you may be sure that you were not protected and therefore needed the revaccination.

3. A rule on the part of employers, insisting upon the vaccination of all new employees and the revaccination of all employees every five years. Such a rule requiring the vaccination of prospective new employees is of the utmost importance in protecting the city against a possible outbreak of smallpox because, as a rule, the disease is introduced by newcomers and since these newcomers seek employment, such a rule is the only sure means of assuring ourselves that these men are protected and will not be a constant source of danger to us.—*Weekly Health Review*, Department of Health, Detroit.

"God gave us memory that we might have roses in December."

J. M. BARRIE

Hurley Hospital Nurses' Residence

By Leonard X. Prior

A NEW million-dollar city hospital, rising ten stories on the highest point of land in the city and dwarfing the cluster of small structures used at present, is now ready for occupancy in Flint, Mich. This structure, with the new Nurses' Home, completed at a cost of approximately one-half million dollars, will give to Flint a hospital plant and nursing facilities, equalled by few and excelled, perhaps, by no city of similar size in America.

The opening of the hospital marked a new era in working and living conditions for nurses and in treatment of patients in Flint. Obviously handicapped for years by inadequacy of quarters and equipment, the nursing profession has striven to give the ever-increasing number of sick and injured persons efficient care. The need for elaborate nursing facilities is emphasized best by the knowledge that Flint has grown from a sawmill town of 13,000 population, in 1910, to the second automobile manufacturing center of the world, in 1928, with a population in excess of 150,000.

The new building contains accommodations for 300 patients and 100 additional ones will be cared for by continued utilization of the buildings occupied at present. Six-bed wards are the largest in the building. This is viewed as an improvement over the system of having larger wards, as it is felt that the nurse will have less trouble in ministering to the patients. The patients will benefit also from the standpoint of privacy and health, with the chances of cross-infection minimized.

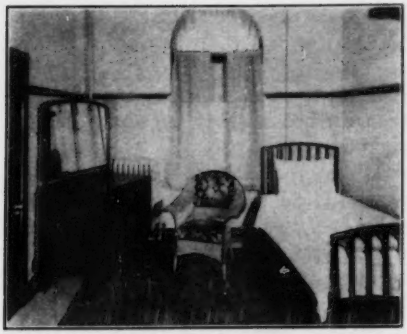
The hospital is equipped also with a considerably large number of rooms containing two, three and four beds, making it more pleasant for patients who do not wish to be alone during sickness.

Dining rooms for the various groups are situated in the basement. Here table facilities are provided for student nurses, graduate nurses, twenty internes, and other members of the hospital staff. The dining rooms are decorated beautifully with different color schemes carried out in each room. The tables seat six persons.

One of the most important features of the new building, affecting the nursing profession, is the Merliss C. Brown medical auditorium. This room, which has the appearance of a large amphitheater, will be used by the nurses for various class functions, graduation and lectures. The building, which will be used also by physicians and surgeons for clinical purposes, will seat approximately 200. The entrance to the auditorium is from the basement level and the room itself is located so that natural light is provided through a skylight.

The undergraduate nurses have headquarters for classes, social activities and their residence in the Nurses' Home across the street from the hospital building. In addition to their regular instruction they receive from one to two months' instruction in the public health field by participating in the nursing program of the King's Daughters.

One of the most important steps that the Hurley Hospital Nursing School has taken in recent years was its affiliation with the Flint Junior College which was effected in the fall of 1927. Beginning with the second semester in February, student nurses of the September group took the courses in bacteriology and chemistry.



A Typical Bedroom at the Nurses' Home

These classes will be compulsory for all nurses of this group and subsequent groups and the studies will be pursued for eight hours a week. This step is viewed by hospital and nursing authorities in Flint as a move which will of necessity raise the standard of the Hurley graduates and will link the hospital definitely with education. It is expected that additional courses will be outlined in the near future.

Until the new Hurley Hospital structure began to take on the appearance of a finished building, the Nurses' Home, finished before the construction of the hospital was started, was unquestionably the outstanding building in the city. Located in the heart of one of the city's best residential sections, it was visible for miles on account of its location.

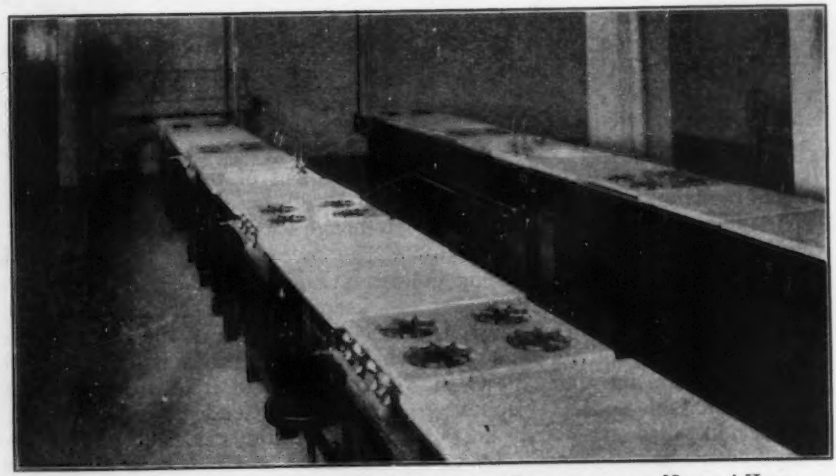
The School for Nurses was organized in 1909 and the new home came as a development of the general increase in the work and scope of the hospital. It permitted utilization of the old Nurses' Home for much needed hospital space and accommodations were found for forty additional patients. The new Home, made with the grounds surrounding it, occupies a square block facing West Sixth Avenue, between Patrick and Prospect Streets. Built at a cost of approximately $350,000, the luxurious and tasteful furnishings increased the cost to more than $450,000. It is a five-story fireproof structure of brick, occupying 693,223 cubic feet of space. The design is of the Adams period, a modern English style. The entrance, however, is Roman, with several arches, and the front windows of two wings, which extend past the entrance in the center, are also Roman in style. Corridors of the building were designed with a view to silence and are laid in rubber tile. Nurses sleeping at different hours of the day and night are rarely disturbed by other persons walking through the building.

In the reception hall is a bronze tablet with the inscribed names of the board of hospital managers under whose supervision the Nurses' Home was erected. Opening directly off the reception hall is the office in which has been installed a buzzer system allowing communication with all rooms in the dormitory. The main floor has an excellent library in which all reference books used by the nurses are kept; a large living room, three smaller living rooms and several bedrooms, opening off the main corridor running the entire width of the building.

Perhaps the most beautiful part of the Nurses' Home is the large living room. The quiet decorative scheme reflects a pleasing air of solitude. Standing lamps in different colors give a delightful lighting effect and several over-stuffed lounges and chairs aid in creating a comfortable atmosphere. There is a baby grand piano in one corner of the room.

The entrance to this room may be enclosed by itself, providing a small tea room. An exquisite fireplace, surrounded by appropriate furnishings, completely occupies one end of it.

THE LIVING ROOM OF THE NURSES' HOME
This room is used by the nurses for social activities including the entertainment of guests and relatives



A CORNER OF THE DOMESTIC SCIENCE LABORATORY, LOCATED IN THE NURSES' HOME

THE ENTRANCE TO THE LIVING ROOM

This room, with an exquisite fireplace, may be enclosed by itself and made to serve as a tea room.

The fireplace is modern English with a background of red gumwood panelling finished in flat varnish. Near the fireplace are a beautiful silver tea set and a vase on a console, both blending perfectly with the other decorative pieces. The tea set was given by the 1925 class. Six pairs of full length, glass-panelled doors provide the entrance on either side of the tea room, one set of three opening to the main corridor, and the other to the living room. The other living rooms, though smaller, and the library, are decorated in a similarly tasteful manner. All face the veranda and open on the main corridor. Two handsome grandfather clocks, Adams period, are in the wings at each end of the main corridor. Both are finished in mahogany.

The nurses' bedrooms occupy both wings of four floors. Every room contains a mahogany dresser, a single bed, writing table and chair, lounging chair and reading lamp. The bedrooms are constructed in pairs with bathrooms separating them. Fifteen pairs are on each floor. Telephones have been installed on all of the floors. A supervisor's suite is located in one wing on each floor of the dormitory with quarters for the matron on the first floor.

The ground floor contains the classrooms, gymnasium and laundry. Situated in the center of this level is the gymnasium, 36 × 60 feet in size. It has full equipment including a basketball court and indoor baseball diamond. Necessary plumbing equipment was installed when the building was completed for the completion of a swimming pool, and while the pool has not been made ready for use, it can be finished if desired.

Classrooms and laboratories occupy one wing of the basement. Among them is a domestic science laboratory containing all modern appliances. Lecture rooms and classrooms take up the rest of this wing. The other wing has been given over to the laundry, linen rooms, storage rooms and for other purposes necessary in the operation of the new dormitory.

There is a tunnel connecting the dormitory with the other buildings on the hospital grounds. The tunnel dispenses with the necessity for nurses going out of doors in bad weather while crossing from the dormitory to the hospital.

The Nurses' Home has facilities for accommodating 200 nurses. Although at present fewer than that number are housed in the building, it is thought by officials that the gradual development of the hospital and the school will necessitate utilization of the entire space in the near future.

The development of the social and recreational life of the nurses has been in keeping with the growth of the school itself. All of the classes have their own organizations and informal parties are held frequently. Chapel services are attended regularly. The school maintains a field representative, Mary E. Osborne, a nurse who travels through the state distributing

literature and delivering lectures before high schools and mothers' groups on the work being done at Hurley Hospital. Names of young women who have signified their intentions of becoming nurses are obtained and descriptive literature is mailed to them. In addition, the publicity department frequently entertains groups from all sections of the state who come to Flint to inspect the hospital and the nurses' quarters.

The Woman's Auxiliary of the hospital, among many other noteworthy functions, provides a physical instructor, Viola Bryson, health director at the Y. W. C. A., who visits the Home each week to conduct classes in physical training. Much of the efficiency in the treatment of patients and in the ideal living conditions for the nurses is due to the efforts of Elizabeth M. Delahunt, who holds the dual position of principal of the training school and directress of nursing, and her capable staff.

State Boards

This clever cartoon is from the "Nightingale," the Yearbook of the class of 1927 of the school of nursing of St. Vincent's Infirmary, Little Rock, Arkansas.

Belief[1]

By Barbara T. Ring, M.D.

THESE diplomas which I hold are the passkeys that permit you to join that illustrious group of men and women who gave their all for the betterment of the human race. The very earliest of these is Hippocrates who, on account of his discoveries, has been called the Father of Medicine. As early as the fifth century before Christ he required his students to practice medicine under oath by the sacred tenets of the very pledge which you have just taken. Then there was Galen who first observed the relation of the pulse to disease; Vesalius, an Italian, who at the risk of being condemned to death, made his anatomical discoveries in his cellar at night; Harvey who discovered the circulation of the blood; Jenner of smallpox fame; Morton who gave us ether; Pinel of France who separated mental cases from the criminal class; and Howard of England who spent his life and fortune in removing the mentally ill from the prisons. More recently there are Pasteur, Wassermann, Cannon, Dix, Binet, Banting and Freud, and a myriad of others.

But close to the heart of every nurse is the name of Florence Nightingale. She organized the first training school for nurses and she has been called the Mother of Nursing. Her statue, serene and dignified, stands towering above Trafalgar Square in London. In her hand is a lighted lamp, a symbol of the light, comfort and happiness she has brought to millions. That lamp is lighting a pathway for you to follow. Whether or not you follow that pathway and become one among the elect depends upon what you are, and what you do with your future. These men and women attained distinction through sacrifice and hard work. No one believed in them nor believed in the things they cherished; each one worked combating ignorance, prejudice and superstition.

The great silent force through which they achieved was belief in themselves and in the thing for which they were striving. Believe in yourselves; believe your calling the noblest work a woman can do, a work that offers you the widest opportunity of making your heart one with the other in sorrow and grief and with that greatest quality in the world, the love that beareth all things.

Love of the suffering and belief in her calling made the figure of Edith Cavell the most heroic of all nurses. Led at night to her death and before the judge who assailed her, she said.

Yes,
I have broken your law
I have tended the hurt and hidden the hunted;
As a sister does to a brother,
Because of a law that is greater than you have made
Because I could do no other,
Deal as you will with me. This is my choice to the end
To live in the life I vowed.

With the belief that you will become a worthy member of this group, The Arlington Training School for Nurses grants you this diploma.

[1] Address given at the graduation of nurses, Arlington Training School, Arlington Heights, Mass., October 17, 1927.

Along Came District Headquarters

By Elise Van Ness

If the state headquarters is the nursing capitol of a state, the district headquarters is the county seat of the profession. Just as the county seat is the center of business for the county residents, the headquarters of the district is the center of activity for all nurses. They come to it because it is theirs, whether they are "non-resident" members of their alumnae association and, therefore, individual members, or whether their alumnae association is an integral part of the district association. They get within its boundaries what they want, be it simple friendliness or aid on a specific problem.

A few years ago, such a phenomenon as the headquarters of a district seemed as far away as the first New York-to-Paris airplane flight. Nurses were satisfied if they could achieve so much as a district association, that powerful proof of inter-alumnae association strength, the sign that graduates of many alumnae associations were willing to pool their interests in a common venture. With the increasing tendency on the part of nurses to work collectively on the perplexing problems facing nurses today, and with the realization that both patients' and nurses' interests are best promoted through skilled, experienced, full-time leadership, however, the work of the district secretary assumes an important part in a state program.

District secretaries are appointed, as are state and national secretaries, in recognition of the need of expert leadership and opportunity to devote full time and thought to working out problems and developing programs. Nurses too busy with their own jobs to be able to give the consistent service necessary for such a program were glad to hand it over to competent hands.

The real forerunner of the district association headquarters was the district official registry which is still the kernel of any district activity and is the infallible barometer of nursing conditions in any locality. Like the post office in a small community, it becomes of its own momentum a town center and is not only a common meeting ground for the nursing profession but, with the hospitals and medical profession, is a definite asset to the community. As a result of this development, the district headquarters in a simple form was a reality long before it was recognized, and its emergence as a corporeal entity with a flesh and blood executive secretary was as inevitable as it was desirable.

Six districts, in five states, now have headquarters for their nurses, and still more such centers are in the process of establishment. At present, headquarters are found in the Fourth District of the Minnesota State Nurses' Association in St. Paul; the First District of the Illinois Association of Graduate Nurses in Chicago, Ill.; the Detroit District of the Michigan State Nurses' Association in Detroit; in District No. 4 of the Ohio State Nurses' Association in Cleveland; and the Fifth and Ninth Districts of the California State Nurses' Association in Los Angeles and San Francisco, respectively. The location of these districts is strikingly Middle Western, Northwestern, and Western.

And what of the districts themselves? In Chicago, the seat of the First District Headquarters, attractive offices on the same floor with the registry overlook Lake Michigan with a magnificent view. A partial

HEADQUARTERS OF THE FOURTH DISTRICT (ST. PAUL) MINNESOTA STATE REGISTERED NURSES' ASSOCIATION

Like other centers of the same sort, this is a place of gracious hospitality

introduction to Minnie Ahrens, the executive secretary, can be gained by a mere glance at her calendar which is covered and re-covered with writing until it looks like a hook rug with a continuous design. Every available inch of its daily squares is spread with notes on the engagements of the secretary which, like the work of the woman who plied her needle and thread in Hood's poem, stretch from early morn to late at night. Nurses are coming and going for luncheon, for tea, for dinner; one moment the club rooms may be filled by chairs for a meeting and the next instant be transformed into a banquet hall with guests arriving in dinner dress.

Both professional and cultural courses are held in this headquarters in as large numbers as the nurses want them. Nurses take lecture courses to perfect themselves in their work, groups of nurses meet for classes in æsthetic dancing, for public speaking, for the study of modern psychology. And the use of the rooms is not confined to nurses, for other clubs engage the headquarters for their banquets and their luncheons. Miss Ahrens feels that these organizations cannot meet continually in a nursing center without developing an interest in nursing activities; so, without knowing it, the public absorbs nursing while it thinks of its own concerns, and the profession is the gainer thereby.

Miss Ahrens, who knows Chicago better than does a whole battalion of traffic police, is familiar with all the

nursing opportunities in her city. Because of this fact, she can give vocational aid to nurses who request it. Many who have come to her without employment have left the headquarters with a job in their pockets.

Vocational aid of a high type is also one of the important services being given by V. Lota Lorimer in Cleveland, Ohio, where the Fourth District has its headquarters. Her long experience in all phases of nursing and her national connections give her a perspective that is invaluable in guiding the destiny of this nursing group. Miss Lorimer is as well up on education as is a commissioner on schools, and knows what courses to advise nurses to take in order to be equipped for new branches of nursing or for types of nursing which they have not been practicing. Much is done here to help the older nurse who has found her income decreasing with advancing years. She advocates active preparation for the retirement age, and urges that teaching be carried out to help the new graduate form the habit of saving a definite proportion of every dollar earned. The district typifies the family, at least professionally, Miss Lorimer says.

In Detroit, under the guidance of Lyda W. Anderson, another highly organized district headquarters is functioning. Of the 1,765 nurses in the district, there are about 1,200 engaged in private duty, and Miss Anderson, well known as a nurse who has worked consistently for the good of her profession, is particularly interested in this group. In the nurses' registry, both the members and the secretary are endeavoring to work out the nursing problems of the community and the perplexities confronting the profession. Nurses in Detroit feel that such ventures as the education and placement of practical nurses

V. Lota Lorimer, R.N.

Executive Secretary, District No. 4, Ohio State Association of Graduate Nurses

and the initiation of an hourly nursing program should be functions of the nursing organization and that the financial support necessary should be secured through the efforts of the members. All the needs of the community must be studied also, and these needs increasingly met.

Activities are well under way in the headquarters of District No. 4 of the Minnesota State Nurses' Association in their St. Paul offices too, but it is too early to say just yet what the achievements of the District will be. Clara A. Webber, the executive secretary, says the headquarters is serving both the younger and the older graduates, and the registry is endeavoring to meet the nursing demands of the community on the broadest possible scope. Committee meetings

LYDA W. ANDERSON, R.N.

and other gatherings are held in the attractive sitting room which is near the center of the city, and St. Paul nurses may form the habit of dropping in for afternoon tea. In the official registry, care is taken to fit the individual nurse to the particular job.

On the Western Slope, where everything is done on a large scale, there are many activities taking place in the two district headquarters, and both Ethel Swope in Los Angeles and Jane Smith in San Francisco have highly organized centers for work.

In San Francisco, the district secretary has made the adjustment entailed in transferring the official registry from the jurisdiction of the Nurses' Club to the district, and is developing a real "Bureau of Nursing Service." Her work has included a housecleaning of files of twenty years' accumulation and the installation of an efficient system of records.

An attempt has been made to assist members of the district in securing more reasonable hours of work, and a committee representing the private duty nurses, the medical profession, and the hospitals, has been appointed to make a study of all angles of the question. As a result of this careful consideration, five or six hospitals have decided to reduce the number of hours of duty for graduate nurses. The district has given good coöperation to the new visiting nurse association in establishing hourly nursing. Nurses find the headquarters a friendly place, as is shown daily by the number of visitors at this nursing center.

In Los Angeles, also, during the past year, the Registry was transferred from the jurisdiction of the Clubhouse to the District. A most interesting event was the Private Duty institute held in November which was organized by the secretary and was reported highly successful. Outside groups are encouraged to make use of the headquarters and have accepted the opportunity to some extent. Nurses are coming to know this place as a true nursing center in Los Angeles.

Miss Ahrens, from her desk in Chicago, says she would like, as an executive secretary, to draw the line at just one point. She thinks that when a wedding is held in a nursing headquarters, the groom should buy his own bouquet for the bride. One groom was either too excited or too absent-minded to do this, and she selected the flowers for him. She did not balk at her office here, however, and she will probably do as much for other grooms. In fact, there is nothing that she and the other executive secretaries will not do, and neither will there be any end to the growth and development of the headquarters activities of the districts.

Obesity Diets

By Bertha M. Wood

An obesity diet should be only a fat-remover. Physicians today are constantly receiving patients who are suffering bad results from reducing diets, either prescribed by the patients themselves or obtained from some unauthoritative source.

Considering first the make-up of the body, there is the framework of bone on which are hung the muscles and other tissues, over which is drawn the skin. Then to provide life, blood circulates through the whole body. Fat may form around the muscles of the body and some is needed in reserve, but an excess amount may burden the heart and increase its work.

As physicians, nurses and dietitians are not in charge of beauty parlors, only patients who are medical cases, prescribed for by a physician, should be placed on an obesity diet.

From a dietetic standpoint, fasting is a dangerous procedure. Some of the reasons for this are as follows: fasting rapidly depletes the protein in the tissues of the body, endangers the heart, and produces acidosis as the acid-ash is consumed by the body. Fasting provides no mineral food for the blood, therefore in time one becomes anemic. Then again the bones of the body, including the teeth, are called upon to contribute their share of alkaline salts, so that these are injured during fasting.

Even the fat of the adipose tissue cannot be reduced below a certain line as it "constitutes an important reserve fund, which can be returned to the cells by the blood and oxidized, thus producing energy." It also "serves as a jacket or covering under the skin, and being a non-conductor of heat, prevents the too rapid loss of heat through the skin." Then again it "is an admirable packing material, and serves to fill up spaces in the tissues, thus affording support to delicate structures such as blood-vessels and nerves."[1]

An obesity diet is given to reduce the excess layers of fat usually located between the skin and the underlying muscles and the gathering of adipose tissue in the great omentum, the sheet of membrane hanging from the lower border of the stomach.[2]

With a realization, then, that an obesity diet is prescribed only to reduce the excess fat and not in any way to disturb the normal condition of the muscles, bone, other tissues, or blood, a diet may be planned with this in mind.

Expressed in terms of nutritive values, the diet of the average woman doing a moderate amount of work should contain 2,500 calories of which from 10 to 15 per cent should be derived from protein. To reduce the patient, the amount of carbohydrate and fat should be reduced so as to make the total caloric intake about 1,500 calories per day.

The prescribed amount of food may be ordered in milk alone. The Karell cure, as used by Dr. Karell, formerly physician to the Czar of Russia, is considered by many authorities as a very satisfactory obesity diet. The following is a modified Karell diet:

200 c.c. milk at 8 a. m.; 12 noon; 4 p. m.; and 8 p. m., for five to seven days.

On the eighth and ninth days, milk as on preceding days, with the addition of

[1] "Textbook of Anatomy and Physiology," Kimber and Gray, p. 27.

[2] See "Nutritional Physiology," Dr. Percy Stiles, p. 139.

One soft cooked egg and two slices of dry toast at 10 a. m. and 6 p. m.

On the tenth day, milk as on preceding days, with chopped meat, rice boiled in milk, and green leaf vegetable at noon, and one soft boiled egg and two pieces of toast, buttered, at 6 p. m.

The diet may be continued as on the tenth day until the patient is at normal weight.

If the Karell diet is not ordered, a diet containing the following foods, up to 1,500 calories a day, may be used in arranging the daily menus:

Lean beef, lamb, chicken, sweetbreads, or kidneys.

Cod, haddock, halibut, oysters, clams, shrimp, or lobster. When possible serve lemon juice on the fish.

Cottage or cream cheese.

One egg.

The following vegetables give variety and bulk which will be appreciated: lettuce, cabbage, endive, turnips, onions, peas, carrots, celery, and tomatoes.

Apples, oranges, grapefruit, prunes, pears, pineapple, peaches, and berries may be used, raw or cooked, without sugar.

For bread—bran muffins, bran bread, or rusks may be included.

Salad dressing should be made with mineral oil.

A generous use of gelatin in the form of desserts, salads, and jellied meat helps to give bulk and makes food attractive.

Junket may be used and served with orange cut in small pieces or with berries as a garnish.

The following menus will serve as a guide in the use of the foregoing specified foods:

Breakfast
- Fruit without sugar
- 1 egg
- 1 slice of toast, with butter
- coffee, if desired—no sugar or cream

Dinner
- Clear broth—chicken, beef, or mutton
- 1 serving of lean meat
- 1 green vegetable
- salad
- baked apple
- 1 water rusk

Supper
- Lettuce, tomato, and celery salad
- 2 bran muffins, with butter
- 1 serving of fruit jelly

The following recipes may be found helpful:

Bran Muffins and Bread

1 cup bran	½ teaspoon soda
1 cup flour	¼ cup molasses
¼ teaspoon salt	¼ cup hot water
	½ cup milk

Place all dry ingredients in bowl. Add water, milk, and molasses. Beat well. Bake in muffin pans or in bread tins or steam in brown bread tin.

Mineral Oil Mayonnaise

2 egg yolks	1 teaspoon mustard
4 tablespoons vinegar	1 teaspoon salt
1½ cups mineral oil	1 teaspoon pepper

Place dry ingredients in bowl. Add egg yolks. Beat in first oil, then vinegar, alternating. Tomato sauce may be added, or chopped pickle.

French Dressing

½ teaspoon salt	2 tablespoons vinegar
¼ teaspoon pepper	or lemon juice
4 tablespoons mineral oil	

Stir or shake well.

Jellied Fruit, Vegetables, or Meat

Cut up fruit, vegetables, or meat. Add to this seasoned tomato juice or lemon juice and enough hot water to make one cup. Then add 1 tablespoon gelatin.

Bag Technic and the Hourly Nurse

By Ruth W. Hubbard, R.N.

BAG technic in visiting nurse associations has evolved into a rather definitely formulated method of procedure. It is the result of thoughtful adaptation of nursing methods to the home situation. A technic develops because of the demand for an efficient uniform method of procedure which makes the patient comfortable while safeguarding him. Individuals working together have long felt the need for uniformity in method and much time in hospital training has been spent in acquiring technics. However, less thought has been devoted to the problems of the lone worker, be she private duty or hourly nurse. The field of hourly nursing is growing; the nurse is being faced with many of the questions which have puzzled the solitary visiting nurse and sometimes she has not had previous experience in the public health field.

It is the purpose of this paper to suggest briefly a method of procedure in the use of the nurse's supply bag which has found favor in the New Haven Visiting Nurse Association and which may be acceptable to the hourly nurse.

The Bag Itself.—Two types of leather bag are in common use by visiting nurses: the Stanley, or rectangular bag, and the Boston bag. The former packs to good advantage but is felt by some to be bulky and ungainly to carry. The latter is more flexible and lends itself to packing, but may close less neatly if crowded. Both types are equipped with removable linings. The Stanley linings are rubber and are cleansed by sponging, while the Boston linings are heavy sail cloth and can be laundered. The linings are finished with side pockets for storing equipment. Supplies carried in the body of the bag are stored in small muslin cases. In our organization, the bag linings and cases are changed weekly and equipment checked and replenished. The aprons are changed biweekly and as necessary. The bag is considered the nurse's property while she is with the association and with her lies the responsibility of its readiness for service. She makes a daily survey of its contents before leaving the office to be sure that she has everything in plentiful quantity.

Contents.—Bag equipment can very easily assume alarming and heavy proportions when one lists what seem necessities. After twenty years of thoughtful experience, our equipment has been simplified so that it can be packed into a fourteen-inch bag weighing about eight and one-half pounds. Each article is present for a definite purpose. The supplies may be grouped as those needed by the nurse for the patient and those for herself.

For the Patient

1 mouth thermometer
1 rectal thermometer
1 surgical scissors
1 probe
1 thumb forceps
1 nail scissors
1 medicine dropper
1 douche point
1 fountain syringe
1 18–19 rubber catheter
1 rectal tube
1 small rubber catheter
adhesive
cotton in muslin case
1 two-inch bandage
1 package sterile sponges } in muslin case
4 sterile cord dressings
1 boric acid powder
1 box vaseline
1 glass connecting tube
enamel basin

1 small bottle with several bichloride tablets
1 razor
1 hypodermic syringe
applicators
tongue depressors

FOR THE NURSE

1 nail brush in rubber case
1 bottle green soap
paper towels
paper napkins
blank records
routine book
May be carried in coat pocket:
street directory
histories
note book

Since it is advisable that as far as possible the patient or his family provide the equipment needed in care, the nurse's bag content for the patient is kept at a minimum and is used only when the household has not the required supplies.

The bag is packed so that it can be used efficiently and with as little handling of contents as possible. Printed matter and towels can be tucked in the space between the bag and the lining. In the bottom of the bag are placed supplies least used, the fountain syringe in its muslin case, and the three tubes with the glass connecting tube, also in a case. The razor and the hypodermic syringe fit well on the floor of the bag also. On them is laid the small case containing surgical supplies. Beside it is the case of cotton for cleansing the thermometers. One side of the lining has a large pocket which holds paper napkins and the opposite side is divided to provide space for the thermometers, instruments, the douche tip, the medicine dropper, the boric acid powder bottle and the small bottle of bichloride tablets. On top is placed the small enamel basin holding the rubber case with soap bottle and hand brush. The apron goes in last and the flaps of the lining can then be folded in over the contents for protection when the bag is closed. If packed in this way, the bag can be used readily without being completely emptied in each home. This plan also enables the nurse to reach easily the soap and towels for cleansing her own hands before she goes further for supplies.

The contents of a bag may be used in many homes; therefore, it is imperative that they be kept as clean as possible to prevent contamination. For this reason, careful procedure has been worked out for handling equipment in homes. Thermometers are cleansed before and after using. Rubber goods are boiled after use, and before whenever aseptic procedures are called for. Only such material as will be used is taken from the bag and the excess, in such things as cotton, is discarded rather than returned. Instruments are boiled before use and are washed and boiled before being put away. The enamel basin, used in almost every home, is scrubbed and boiled before being replaced. The hand brush is boiled daily on the last nursing visit.

Using the Bag.—One way to explain the use of an established technic is to describe the method of procedure in the home. The nurse arrives and places her bag on a newspaper on a chair or table where it will be accessible. This is frequently in the kitchen or bathroom. The newspaper is used to protect the furniture, as the bag may not always be clean on the outside. After removing her wraps and disposing of them, the nurse rolls up her sleeves, opens the bag, and puts on her apron. A paper napkin is taken from the pocket and spread on a flat surface near the running water in kitchen or bathroom. On it are put the soap bottle, brush and paper towels. She then makes a small newspaper pocket for

waste and places it on the paper napkin. The nurse washes her hands thoroughly and removes from her bag any other equipment needed during the visit. It is all placed on the napkin and the bag is closed and strapped. This is done to prevent investigating hands from getting into difficulty. If, during the visit, the nurse must return to her bag for anything, she washes her hands before doing so. This safeguards the contents of the bag from contamination. At the close of the visit, the nurse washes her hands and replaces the cleansed equipment in the bag. The waste is collected in the paper pocket and burned.

Since the thermometer carried in the bag is frequently used in several homes in a morning, it is imperative that the cleansing process be safe and efficient. In our association, the thermometer is cleaned before and after use, with green soap and cotton under running water.

Method.—The thermometer is held at the head in the right hand and a pledget of soapy cotton is wrapped about it. With a circular downward motion the cotton is worked toward the base of the thermometer and discarded. It is then rinsed in the same manner and used. After use, the thermometer is first cleansed with soap and cotton alone, then with soap and cotton under running water, rinsed under running water, dried and put away. Each pledget of cotton is discarded after its initial use. It is apparent that this method is based upon two principles: (1) the efficacy of friction in removing foreign matter from a glazed surface; and (2) the aseptic properties of green soap and running water. If the importance of both parts is fully understood it will not be difficult to appreciate the necessity for care in carrying out the technic suggested.

A nurse working alone may find it necessary to make certain adaptations in any system outlined for a group. It is interesting to report, however, that our association has recently taken over the local hourly service and has incorporated into its staff the hourly nurse. After five months she states that the bag technic used by our staff nurses fits her needs extremely well and she has found no difficulty in carrying it out with her cases. The razor and the hypodermic syringe, listed in equipment, she has added. They are not regularly carried by the staff nurses. In conclusion it may be suggested that a definite method of procedure in regard to the use of tools and their care is an invaluable aid to efficient nursing whether done in hospital, district or on hourly service.

The Born Nurse

BUT I have learned already that there are two kinds of nurses; nurses born and nurses manufactured. The latter does the work; she does what she is told to do, but when that is done she is done. She watches the clock, she counts the hours, she sees but one day worth while, that is pay day. She wishes for a better patient and for a higher position. If she is a bit tired or irritated because the night nurse did not leave things in perfect order, the whole force, patient and all, are soon made to feel full half the pain. She came from a nurse factory, where for so many dollars, in so many months, so many nurses are made. . . .

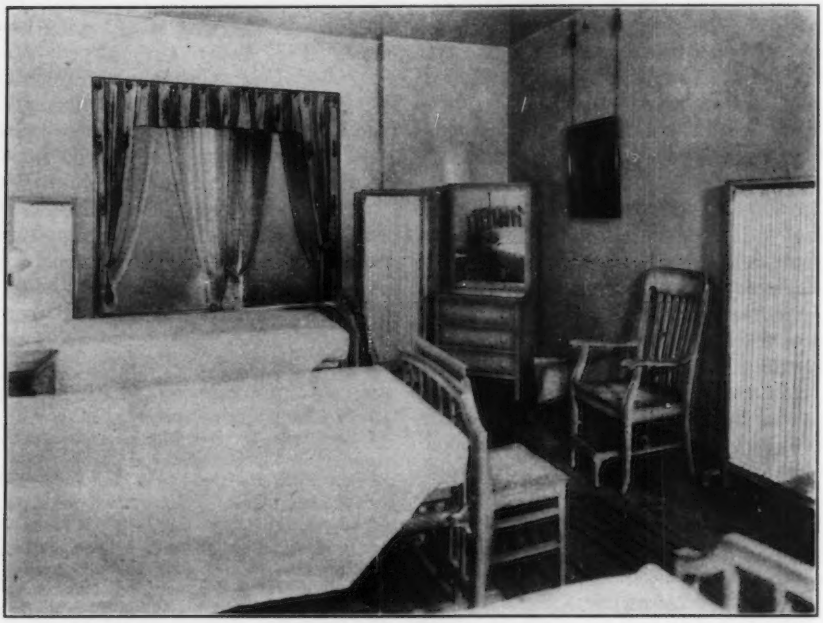
But how about the born nurse, or the born-again nurse? She too does the work, but it is not the work that makes the difference, it's the smile she wears on her face, the flower she bears in her hand, the happy "Good morning" and "You're looking better today," that make all the difference. We cannot explain it, but it is what cures the patient and gets the nurse more positions than she can fill. It is putting the soul into the work.—From "Character Building," commencement address at St. Mark's Hospital, New York, by Rev. William E. Nelson of South Africa.

The Nurses' Infirmary at St. Mark's Hospital

By Elsa Maurer, R.N.

ST. MARK'S HOSPITAL in New York City maintains an infirmary of three beds for the exclusive use of student nurses. While there is nothing very remarkable about this, the idea behind the infirmary is of interest. Attractive as the infirmary is, in itself, there is a distinct effort on the part of the training school administration to stress the morale motive—that it is rather a disgrace to become an inmate of the infirmary for any cause that is avoidable. To this end, the hospital, besides the usual instruction in personal hygiene given in the preliminary course, has engaged an instructor in physical education. This instructor, who is the assistant of a physician who devotes himself to physical education, gives each student nurse individual instruction in caring for her physical development by means of corrective exercises, or those exercises indicated for prevention of maladies.

Twelve students are instructed at one time. They do not perform their exercises to music, as they may all be doing different things at the same time. There is no gymnasium, but the students come to the classroom in their bathing-suits, and are given individual exercises which they need. The class meets twice a week, and each student has twenty periods with the instructor of physical education. A record is kept of the physical development at the beginning of the period for comparison with that of the end of the course. Only those



Part of the Nurses' Infirmary, St. Mark's Hospital, New York City

exercises which are found to be needed are given to individual students, thus eliminating efforts without definite objectives.

A vacant infirmary is a matter of pride; a full infirmary is a matter of concern, unless it is known that the patients therein are there through pathological accident, rather than physiological omission.

The problem of the health of the graduate nurse is rather difficult owing to the lack of hygienic supervision by the administration. It is unfortunate that so many nurses who are careful of their patients are careless of themselves, and it seems too late to teach them after they have been graduated. Many nurses who are ill are used to being cared for at their own homes, and come to the hospital only as a last resort.

All nurses at St. Mark's Hospital are entitled to a day's sick leave, with pay, for each month of their employment by the institution. They are given private room care when ill.

The Nurse and the Quack

By Stuart Chase and E. A. Copeland

NURSES are expected to be authorities on health and physical welfare. Of this fact we are constantly reminded by the advertisements of proprietary remedies and patented appliances in which the nurse is pictured as instructing the young wife or mother in a confidential but authoritative way. The advertisements furthermore are effective because in actual fact the nurse is perhaps the most influential teacher in the whole field of health and hygiene. The trust implied by this relation to the public is enormous; it places on the nurse the obligation to be able, on a moment's notice, to offer an opinion on some particular medicine or medical appliance.

Such an obligation is of course impossible to fulfill in detail. Moreover, there is often a question of tact involved. When a nurse comes across a person who is taking a tuberculosis or cancer cure out of a bottle, she may feel obliged to say something about the matter even though her advice has not been asked. How can this advice be given most effectively?

One way, perhaps the best way, is never to let the advice rest only upon some one's say so, but as often as possible to explain that the authority rests upon *experiment*. In these days of newspaper health columns and anti-medical cults, one authority may be considered as good as another if prestige is all that is involved. The doctors insist that people ought not to try to dose themselves with patent remedies bought at the drug store, while the cultists reply by saying that the doctors are only defending their own pocket-books. A nurse must be able to show those who come to her for advice that their own interests are being served when the medical goods they want to buy are tested and approved (or disapproved) by some reliable scientific laboratory.

Fake T. B. Cures

FOR example, she may find some one in a family she is serving attempting a cure of "consumption"

with a bottle of Dr. Kirkpatrick's Body-Building Fluid, "Pul-Bro-Tu." The name is enough to warn a sophisticated person that it is the sort of thing to be avoided, and anyone who has been reached by the public health activities of tuberculosis associations will know at once how dangerous it is to depend upon a drug-store cure. But as a matter of tact and policy, it is well not to condemn the remedy without consideration. The sufferer may produce a newspaper clipping—a genuine news item, not an advertisement—in which it is stated that the Bureau of Health in the city of Portland, Ore., in 1927, conducted a test of this remedy, on five tuberculous cows, two of which completely recovered. This to an ordinary person, looks like science. The nurse, of course, knows that it is nothing of the sort. She knows that scientific experiments covering the effect of any remedy involve, in the first place, an accurate chemical analysis. All the previous knowledge of the effects of different ingredients, alone or in combination, may then be used. In the second place, when physiological tests are made, many more than five animals must be used before any sound conclusions can be drawn, and each group must have a "control." These are commonplaces in science, yet they must be explained, over and over again, even to people who pride themselves on keeping up with all the latest discoveries—such as vitamins and ultra-violet rays. The nurse's problem is to find specific and reliable information with which to answer inquiries, put the patient on guard against quackery, and finally stimulate the intelligence of the patient.

From the *Journal of the American Medical Association* we get the facts about "Pul-Bro-Tu." In its column, "The Propaganda for Reform," on March 6, 1926, the report of an analysis made by the A. M. A. Chemical Laboratory is printed, with the following comment:

> From the chemists' report it will be seen that "Pul-Bro-Tu" is for all practical purposes merely a weak solution of potassium iodid and Fowler's solution [potassium arsenite]. Summed up, it may be said that "Pul-Bro-Tu" has not the slightest value as a cure for tuberculosis. On the contrary, the product itself may easily do harm, while the consumptive who relies on it is virtually committing suicide.

Someone wrote to the *Journal of Outdoor Life* for information about this medicine and the letter was sent on to the Bureau of Animal Industry, U. S. Department of Agriculture, because it had been announced that a representative of this bureau was connected with the Portland cow "experiment." In reply the bureau stated that there "was no evidence produced to show that the treatment above referred to is a remedy for tuberculosis in cattle." Certainly if the test on five cows furnishes no evidence of its being a remedy for cattle, it offers none at all for human beings. The important thing in this case is that there has been an actual laboratory analysis of the product which revealed the presence of chemical substances that might be harmful to human beings; and meanwhile no properly conducted physiological tests were made known to the medical profession or to the public. In educating a person who wanted to use "Pul-Bro-Tu" the appeal ought to be to the intelligence. It is one thing to be taking a cure that one fancies the regular doctors do not yet know about, and quite another to continue taking it after learning that the doctors know a great deal about it.

The appeal to intelligence might be made far more often than it is, except that it takes more time and means keeping up with many sources of information. Yet the progressive nurse might advantageously make it a part of her career to do this. In cities where there is a good medical library, it is possible to look up the ingredients of the more important products that are ethical in character (which include, that is, an exact statement of contents), in such standard sources as the U. S. Pharmacopoeia or the National Formulary. A more convenient source of information about drugs sold under trade-marked names is the "New and Non-official Remedies" of the American Medical Association. This work is revised every year, and includes a list of proprietary products found to comply with definite rules "designed to prevent fraud, undesirable secrecy and the abuses which arise from advertising directly or indirectly to the laity." In the back of the volume may be found a list of products *not* included in the approved group, together with references to the Medical Association's literature, where they are discussed in detail. This is a most useful source of information, especially for remedies that are less obviously unworthy of use than those often advertised to the public in cheap and unscrupulous papers. (See, for instance, the discussions of glycothymolin or unguentine.)

Nostrums and Quackery

FOR the lower depths of patent medicines no better source is available than the two volumes (also published by the A. M. A.) entitled "Nostrums and Quackery." These make fascinating and often hilarious reading. There are a great many familiar old names to be found in the index, from Bromo Seltzer to Mrs. Winslow's Soothing Syrup. Articles on more recent nostrums are published in the current issues of the *Journal of the American Medical Association* and from time to time in *Hygeia*, and when there is no published material at hand it is always possible to write directly to the Bureau of Investigation of the A. M. A., 535 North Dearborn St., Chicago, Ill.

These references are described, not because we believe that the nurse should become a consulting expert, or be always ready to write prescriptions, but only that she may be equipped, when occasion arises, to demonstrate why the doctor is a more dependable scientist than is the vendor of trade-marked remedies.

There is increasing need for more information concerning the materials used in beauty treatments. At first blush this may seem a little removed from the field of health; but when a fat-reducing tablet is found to consist of dried thyroid, a very dangerous drug, the connection is clear enough. Depilatories and hair dyes are also not without their menace to health. Says one advertisement:

> Apply Youthray to scalp. Restores original youthful color by replenishing natural color pigment through hair root.

Youthray is also "an unusually effective agent to combat dandruff germs." To which the *Journal of the American Medical Association* replies:

> One original bottle of Youthray (Ray Laboratories, 648 North Michigan Ave., Chicago) was submitted to the A. M. A. Chemical Laboratory for examination. . . . Qualitative tests indicated the presence of free sulphur, lead and acetate. The product, therefore, belongs to the lead acetate and sulphur type of hair dye. . . . It is certainly an anomalous state of affairs if a concern can put out a mixture containing a poisonous drug, like lead acetate, and recommend that

it be rubbed into the scalp for the purpose of combating germs, and the public not be protected against such pernicious and hazardous recommendations.

Cosmetics do not come within the jurisdiction of the Food and Drugs Act, and even if they did, the law does not penalize a company for making fraudulent claims as to the value of a product when these claims are printed in newspapers and magazines. Fraud must be legally kept off the label, only. We are increasingly dependent upon the responsibility which the magazines are themselves developing for the advertisements which they print. But alas we cannot know how intelligent or how scrupulous this responsibility may prove. *Physical Culture*, for January, 1928, announces on page 2:

> We further resolve to adhere to our policy of strict supervision of our advertisers and you can be positive that all products and services have been passed on by us and accordingly are endorsed and recommended to readers of *Physical Culture*.

Yet on page 132 it runs an advertisement of Youthray.

In this day and age if we are not to be imposed upon, we must be ever on the watch for accurate and authoritative information checking the products recommended to us by the advertiser. At the same time there is a certain psychological disadvantage in the fact that so much of the information about patent medicines comes from the propaganda department of the American Medical Association. When a monthly magazine, advertising many useless and fraudulent health devices, announces that its advertising pages are "guided by the same high principles and standards which go into the making of the editorial contents of the magazine," there need be no insincerity involved; the editor may be openly hostile to the medical profession. He may genuinely disbelieve in the germ theory of disease, and quite honestly feel that money paid to regular doctors with their "allopathic medicines" is money worse than wasted. Such an editor would feel that the propaganda for reform carried on by the Medical Association is at best an effort to defend the prejudices acquired in an academic education (an education with which he has never been hampered) and more probably an attempt simply to strengthen the economic position of the regular doctor. It would be impossible to argue with him because he does not believe in standard scientific method. Fortunately (or unfortunately), most people really do. Indeed, most people feel so much reverence for science that they will believe in almost anything if it is only labelled scientific. A minority claim to believe in "science," but are convinced that the therapy which they use is more scientific than that prescribed by doctors. For such people, and for the people who are just generally credulous, it is possible to show that certain products do, and others do not, stand the test of the laboratory. And since even the ability to read a laboratory report with understanding involves technical knowledge, it is desirable that the results of laboratory tests should be announced by lay experts whose financial interests are not even indirectly involved. But pending such impartial laboratories, the American Medical Association is all we have, and with all due allowances, its work remains of tremendous value.

Much that is offered to the public, in health equipment as in everything else, has never been adequately tested. Much has been tested without the results becoming generally known.

Part of the report of a test may be used by an advertiser to promote sales when publicity for the whole report would have the reverse effect. This is especially true in fields where scientific knowledge is still insufficient.

Deterioration of Certain Glasses

TAKE, for example, the new window glasses for transmitting ultra-violet rays. In October, 1927, the Bureau of Standards at Washington reported that all these glasses

> undergo a photochemical action and decrease greatly in transparency to these activating rays when exposed to ultra-violet radiation.

A report of January 14, 1928, says further:

> A sample which had been in a hospital window in Rhode Island for a year was found to have a transmission of 25 per cent at 302 mμ (for thickness 2.3 mm.). . . . Our tests show that the greatest decrease in transmission occurs during the first few weeks exposure.

Despite these reports, advertisements have appeared saying that the glasses are of the greatest therapeutic value, and that *they have been tested by the Bureau of Standards.*

Even though the glass is only about 25 per cent efficient, the salesmen may still claim that enough ultra-violet rays get through to make a large difference to health. Is this, as a matter of scientific fact, the case? It is very doubtful. During the winter months, according to those who ought to know, there is practically no ultra-violet radiation of biological importance even in direct sunlight. Meanwhile a recent article in the *Boston Medical and Surgical Journal* notes that

> Measurements made in the industrial section of Newark, where the atmosphere is polluted with smoke and dust, have demonstrated that even during the summer months, on a clear day, there is almost a total absence of this short "vital" ultra-violet ray. And the authors go on to say: "In conclusion we would like to point out that a number of excellent window glass substitutes for transmitting the short ultra-violet rays of the sunlight are now available. . . . we know of no evidence that has been advanced to substantiate claims that health would be improved by using such glass substitutes, and until carefully controlled experiments have demonstrated their value, their employment as an aid to health should be advocated with reservations."

(If the authors had read the Bureau of Standards' reports they might have qualified that word "excellent.")

This illustration is instructive because the product under question is relatively very commendable. Doubtless in the course of the next few years knowledge concerning the biological importance of ultra-violet radiation will have accumulated to the point where we may be able to use it with great profit. In the interim people who cannot well afford another investment in health are equipping their houses with an expensive and deteriorating glass of an undetermined value.

The moral needs no further adornment. Scientific tests are cardinal but even more we need an increase in general information concerning the results of tests already made. Such is the purpose of the Consumers' Club Commodity List, information about which may be obtained from the authors of this article by addressing the *Journal*. The sections on Foods and Beverages, and Medicine and Hygiene, should be of interest to every consumer, although the recommendations of the list do no more than make a beginning in a vast field. A foreword by the committee charged with the preparation of the list explains the project.

> The departments of the Federal Government, many state and municipal agencies, many successful public service corporations and large manufacturers, make their purchases under precise quality or performance

specifications, and before acceptance, the goods must pass inspection and rigorous quality tests. Such purchasers know with certainty the quality of what they buy, and can therefore buy on a price basis and without respect to brands. They get a maximum of service at a minimum of cost.

The small consumer, on the other hand, must rely for his information as to quality and serviceability upon the statements of the salesman and the advertisement writer, who are held responsible by their employer, not for knowing and imparting the facts, but for selling particular goods at an advantageous price. To a great extent the small consumer must buy blindly as to quality (and often as to quantity) risking inferior quality if he tries to buy cheaply, often paying exorbitantly if he seeks the best, and frequently not getting the best however much he pays.

This commodity list is offered as a first step toward giving the small consumer the benefit of definite quality standards, and toward enabling him to get full value for the money which he spends. If the user of the lists will coöperate as fully as possible with the compilers, much may be done in this direction.

Success will depend upon the degree of interest and coöperation which it provokes among consumers generally. We have here the beginning of a movement towards self-protection by consumers. In this movement for establishing higher standards of quality, the nurse should have a most important place. On the one hand she understands what laboratory procedure is all about; and on the other, her contacts with the lay world make her realize that if it is not to be exploited by quackery and pseudo-science some machinery for selling standards of value, based on scientific tests, must be brought into the picture.

The process of showing people what science can and cannot do is a stony road. It is not made more smooth by the present flare of interest in every new discovery. The wonder of new discoveries has made many of us more credulous than before. Only when the scientific method is more generally appreciated will it be possible for people to judge for themselves whether or not a given product, a given invention, is really worthy of their attention and of their bank account. This is the aim of all good education, to cultivate the judgment of those who are being educated; and the nurse, like other teachers, must try to aim at the more remote and the more profound end of helping people to help themselves. In the field, not only of health but of home life generally, her opportunity is unique.

The Case of the Instructor

BEFORE taking up administration, I was a nurse instructor and I must say I think I derived more real happiness from this work than from anything I have ever done. The contact with the girls, the watching of unfolding personality and character, the real service given (helping young girls with little background get a start) was true pleasure. I always felt that my work was more play than work and that I hardly deserved the salary, because I never felt weary.

However, like a great many people the commercial aspect had something to do with my change to administration. Teachers have very little chance of advancement, either monetary or otherwise. I was teaching in a school of 200 student nurses, had charge of the school with three assistant instructors, and received $1,800 a year salary. My room was a hideous green shade with an assortment of furniture. The grounds were filled with flowers and many of the offices were given flowers every day, but the classroom was always overlooked. Of course we had flowers because we helped ourselves after twilight hours, and a little later grew a little garden full of our own. The instructors had no office, a small corner was reserved in the huge mustard-colored classroom for the four of us. If I had been self-sacrificing, I would have overlooked all these trifles, but I was not, so I took up administration and at least have had a small suite of rooms with a bath of my own and much more consideration. I have been able to make the lives of my instructors fairly happy. We have a fine school and I still teach a little.—From the files of the Grading Committee.

R. N.: Rural Nurse and Real Neighbor

By Katharine Faville, R.N.

It was 6 o'clock, closing time. The village postmaster climbed off his stool, locked the back door, closed the dampers of the big stove, and came to the front of the office, key in hand. It had been a busy day, with all those country people in at the courthouse, and he had done his share of gossiping as he handed out the mail. Now he was tired. Just as he turned out the light, the door opened and a young woman, dressed in dark hat and coat, came in hurriedly.

"Oh, I'm so glad to get here before you closed. I stepped on the gas and let the old Ford race for the last ten miles," she smiled. "I had a feeling that I just had to have my mail tonight."

"There's a lot for you, nurse; all them magazines you always take. Here it is, and a letter from home, and another from Chicago," the old man chuckled at her inquisitively. "Pears to me like you get a lot of letters from Chicago. But say, nurse, have you heard the news yet? No? Well, sit right down and rest yourself a bit while I tell it to you. I was just about to go home, but I'll wait a mite. Great crowd here today, biggest in years—all come to the courthouse to meet with the board of supervisors while they fixed the tax rate. Kind of surprised everybody, as we never expected such a crowd. Such talkings and goings on—"

"Oh, do tell me what happened, Mr. Brown. I planned to stay in, but at the last minute a call came from the back part of the county and I had to go. Did they get to the nursing budget, and did they vote the money? I kept thinking all day—"

"Did they vote the money? Could they help it? With that crowd? Even if those supervisors hadn't wanted to, which they did, there was a crowd there that could have carried anything. Such speeches!" the old man swayed back and forth on his stool appreciatively.

"Never except for jury trial have I seen that room so packed. Yes, $1,200 they voted. 'Twas a regular testimonial meeting. Cook, the school superintendent, left his plowing to come in to tell about the work you've been doing with the school children—how you have worked to keep them well, and the number you've found who couldn't see well and the teachers thought were just dumb or ornery. Then he told about the scheme you and he thought up for getting the children to get their teeth filled, and what not. He even went on to tell about that school that had been bothered with the itch for three years, so that even the teacher caught it, and how you worked with those families till now there ain't a case left in that neighborhood.

"Cook says, too, that you've got all the grown-ups interested in fixing up the school buildings and playgrounds, and in getting the well water tested so's to know it's safe. The teachers are all having a contest to see if they can keep them catching diseases out of the schools, so there won't be need for shutting down school like they did for the measles last year, though that sounds strange to me.

"Anyway, Cook ended up real dramatic-like. Said he wouldn't try to be county superintendent no more unless he had a public health nurse continuously on the job to help him. Pretty toplofty he's getting, I'd say, to talk so lightly about such a good job."

He shifted his tobacco to the other cheek, and spat a well-aimed shot into the coal bucket.

"That was nice of Mr. Cook," the nurse interrupted appreciatively.

"Oh, he warn't all. Old Miss Meyers, would you believe it, came in from way out Twin Branch way, to tell about the nursing care you taught to that consumptive's family, named Edwards; and some one else, I forget jest who, told about a lot of other consumptives you'd sent away to the state hospital to get well. Then they got to telling about some plans the committee out there has for starting some regular meetings—funny name they called them—"

"Clinics?"

"That war it, where folks get examined so they know they don't have consumption." Again he spat, contemplatively.

"Bill Harris, you should have seen him—you know the one with the wooden leg, from beyond Frankfort. He up and testified to the way you and Doc been vaccinating the children against diphthery—you know he lost all six his children that way when he was younger, and he's always felt dead set against that disease ever since. He says if you had come twenty years sooner, so his kids could have been vaccinated, he wouldn't be living by himself all alone today. Some of the women got real teary-eyed at that."

"Poor Mr. Harris, he's lonesomer than ever now that his wife is gone," the nurse reflected.

"But before he was well done, Miss Franklin—yes, 'twas she, surprising everybody, cause no one ain't never heard her say a good word about anybody before, and we all thought she was coming to make her usual kick against high taxes—she got up and told about the classes you'd started, where you teach the women how to take care of sickness in the home and how to keep their children well. She most wept when she told about how good you was at helping her when Jim, her nephew that she sets such store by, was sick with the typhoid. Now wait, that ain't all," as the nurse stood up to go.

"Most everybody in the room had something to say, and it was getting to be a right lengthy meeting when—"

"Were either of the doctors there?"

"That's jest what I was getting at. Doc Mason sent word by his wife as he couldn't get away—baby case—but Doc Alexander came bursting in all out of breath, afraid he was too late. He'd been out on a back county case and jest tore home. You should have heard his speech, it sure was fine. Every now and then a swear word, like he always says when he gets excited! He claims he won't take no more country practice unless he has a nurse like you to help him out—went to great length to explain why you was called a public health nurse. He named about a dozen cases you'd helped him with, and told how you'd found terribly important things that folks needed done, so that both of the doctors had been busier than ever since you come.

"Yes, I'll get to the money part of it in a minute. I told you they voted it, so you don't need to fret. The funniest one of all was old Bob Williams himself, president of the supervisor's board, you know. He's sort of deaf," speaking with the superiority of one who still has his faculties unimpaired. "Well, Bob got up after everyone else had spoken, and said he wanted to add a word. He said these folks was welcome to come to supervisors' meeting any time they chose, but it wasn't necessary, the supervisors weren't so dumb as not to know a good thing themselves when they saw

it. Wish I could say it like he did—'twar that funny." The old man rocked in enjoyment of the memory.

"Bob said that since his wife had had her teeth out and her rheumatiz had got so much better, she thought that you were the smartest person living. And she told Bob this morning when he started for town, that if he came home without voting for the nurse, she'd never stand over the cook stove to make him another fried cake. You know Bob's wife, how she'd say it and mean every word of it. Bob laughed when he told it, and said he'd leave it to us as to what was breakfast without fried cakes, so he guessed the nurse would have to stay seeing as how all the women was for her.

"So they voted the $1,200 to pay half your salary and the keep of your car, and the health association agreed to raise the rest like they did to start with. 'Twas a real nice, friendly meeting." He went to the door. "I'm real glad you're going to stay another year. Yes, looks like fair day tomorrow. The farmers'll be glad," he prophesied, as he locked the door. "No, I ain't going your way."

"Good-night, Mr. Brown, and thanks."

The nurse started her Ford and turned its nose up the long hill behind which the last ruddy bit of sunset color still shone. The street was empty, everyone at supper, except for an occasional child who hailed the nurse in friendly fashion as she passed. By the time she had turned in at her yard, however, her arrival had been discovered and the telephone was ringing. It kept it up intermittently, after that, all evening, friends from out in the country calling her to express their pleasure. Neighbors, too, kept coming in to regale her with bits of the meeting that tickled their fancies. It had been a big day for the county.

Tired, but happy, the nurse finally said good-night to the last of her callers and went to bed, too wide awake to sleep. She lay there thinking back over the eight happy months she had lived in this county, of the countless friends she had made, of the affectionate welcome she knew awaited her at dozens of homes, no matter what time of day or night she should drive up.

Another year was provided for—another year of wind and weather, of long days spent driving over muddy or snowbanked roads, through blinding rains and sleeting blizzards. But beyond the long winter lay spring, fragrant with arbutus and pine woods, merry with the songs of nesting birds. Miles to be traveled that would count into thousands, children to be helped and taught and loved, sickness and sorrow to be prevented through her knowledge and strength—was anyone else as rich in opportunity as she?

Her mind went back to the last days of her hospital training when she was undecided as to what she wanted to do next. She thought of the year of private duty following, of her constant dissatisfaction at not finding the feeling of permanence and security that she had hoped for. A friend had told her about public health nursing, and had helped her obtain the scholarship by which she had secured the year of special preparation at the school of public health nursing connected with a neighboring college. She had wondered, at the time, if this extra training were really necessary, if she needed to spend all this money when she had been graduated from a good training school. Now she realized that she could not be too thankful for that training, that she could not have met

the emergencies nor assumed the responsibilities that the county had put upon her without that year of special help—at least, she thought to herself, "it would have been twice as hard both for me and the county." Never would she cease being grateful for that confidence which knowledge gives, for possession of these tools with which she could carve health and better living for these country people.

She traveled by the reaches of her mind to those other nurses whom she had known at school, scattered now to the four corners of the United States—doing this same public health nursing in the rural counties of Maine and Georgia, among the Mexicans on the southwest border, in the lumber camps of the north. They wrote her of adventures with a gayety that thrilled her; they told of tasks to be done too big for any one human being ever to hope to accomplish, but so worth the doing that every attempt was of value since it was measured in results of human worth. They told of friendly communities like hers, and of people, like those on her committees, who were sharing responsibilities with them in these community efforts.

She thought, too, of the other counties she knew in her own state and elsewhere, that wanted nurses and could not get them because the number trained to do this public health work falls so far below the demand. Not enough such nurses even to provide each county with one apiece, to say nothing of those counties where the work was so well established that they were wanting larger staffs, so that more adequate health protection could be provided for their citizens. Why could not the nurses back in the training schools, those just graduating, the ones who had tried private duty and found that it did not satisfy that inner urge—why could they not see this opportunity?

That inner urge—a laugh to share with every passer-by over the vagaries of ourselves and our fellows—such fun is there in life; an affectionate appreciation of this curious thing called human nature, and a keen desire to mother it—of such are women made; a never-ending expectant enjoyment of the adventures brought by each new day—what work could better stimulate and satisfy these demands of the spirit, this inner urge?

The wind blew into the room, fragrant with the scent of the pine trees that grew close to the house. The cool air felt soft on her face. She listened to the soughing of the wind in the branches, as regular as waves lapping the shore. It had been a good day—worth getting tired for. Tomorrow would bring another just as good, only different, she thought—another year of days like these, of being tired and waking rested, only to get tired again. Are we nurses fools to care so greatly for the ills and sorrows of others that we will spend the best years of our lives working to prevent them, she questioned of herself—are we fools—or merely wise beyond the measure of our years? The wind was all that answered her, but she smiled as she slept.

Artificial Pneumothorax Therapy as Observed by a Nurse

By Cynthia Camblos, R.N.

It is with increasing interest that nurses engaged in tuberculosis work have observed the remarkable progress of patients receiving artificial pneumothorax therapy which, though practiced to a very small extent for a quarter of a century or more, is fast becoming a recognized method throughout the leading sanatoria of the country.

Such satisfactory results have been obtained in recent years, that it seems unfortunate that all victims of pulmonary tuberculosis may not be subjected to this effective treatment of inflating the pleural sac by means of inducing air into it, thereby collapsing, in time, the lung. But it stands to reason that the patient must have one comparatively good lung, capable of carrying on while the pathologically active one is at rest, for an indefinite period, extending anywhere from a few months to years, as the case varies.

By placing the lung in this sort of air splint, all activity is arrested, which is especially valuable in hemorrhage cases. Comparatively few cases of tuberculosis may undergo artificial pneumothorax treatment, and even all selected cases are not apt ones, due to certain factors, such as adhesions, which will prevent a collapse, and again in some instances to development of pleuritis, resulting in thickening of the pleura and possible accumulation of fluid which, although an accident in itself, may act as air would in collapsing or partially collapsing the diseased lung.

Until a gradual collapse is obtained, small quantities of air, a few days apart, are usually given, then the treatments are carried over longer intervals, averaging about every ten days, when the patient has exhausted much of the supply and need of more is indicated. The patient is, from time to time, X-rayed or fluoroscoped as a means of checking up.

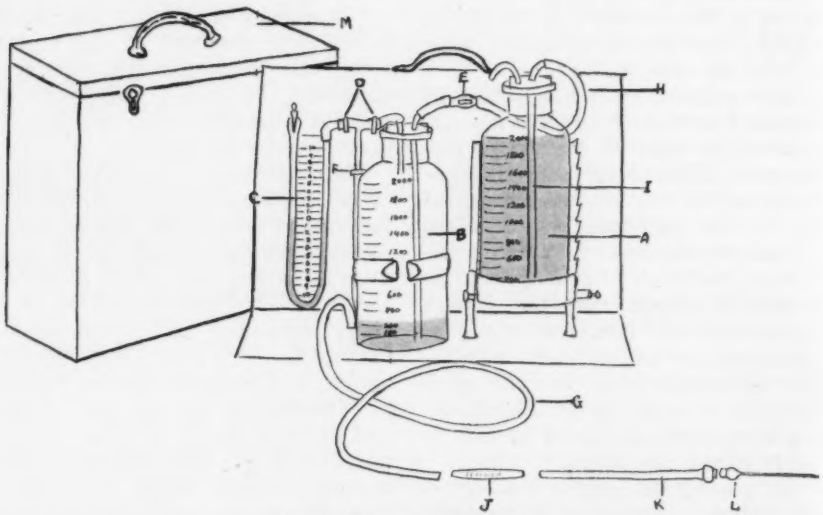
Although doctors differ somewhat in the administration of this treatment, the main principles are the same and the nurse's preparation is practically no different in any operating room or at the bedside.

The Robinson, a portable apparatus, is most generally used, although the construction being simple, some doctors devise an arrangement of their own. The necessary parts, however, are: two 2,000-c.c. bottles of clear glass, measured off in hundreds connected by glass and rubber tubing; a manometer, the instrument for ascertaining the pressure of air; and valves or stopcocks which control the flow of air and the manometer reading; rubber tubing and pneumothorax needle, usually of platinum, 2½ inches long. In administration, one bottle, with the fluid (generally sterile water or bichloride solution, sometimes pyrogallic acid) up to the top mark, is raised higher than the other, thus by means of syphonage, it filters and measures off the amount of air conducted into the pleural cavity.

The necessary articles for the nurse to prepare are: sterile doctor's gown and gloves, a hand basin of bichloride solution, sterile towels and pneumothorax sheet (a half sheet, from the center of which is cut a 4-inch square) for draping the patient, a few sterile swabs, and gauze sponges, three sterile medicine glasses, one with

tinct. of iodine, one with alcohol, and the third, with the anesthetizing solution (usually one-half of 1 per cent novocain), a sterile 5-c.c. syringe and several needles, suitable for anesthetizing the skin and pleura, and the pneumothorax needle, a sterile cataract knife which is sometimes necessary to use to pierce the skin before injecting the larger needles, a small sterile glass connecting tube, very lightly packed with dry sterile cotton which serves as a filter, sterile connecting rubber tubing with metal needle adapter, collodion, sterile glass applicator, and a small piece of sterile cotton for the dressing. As some cases need have fluid aspirated before the treatment may be started, it is well to have on hand a sterile 30-c.c. syringe and glass graduate.

The patient is generally placed on the opposite side from the lung to be collapsed, with a pillow or sand bag bolstered under his chest, and his upper arm over his head. If the site of the injection is anterior, instead of posterior, the patient lies prone. After the patient is prepared and draped, the nurse regulates the valves of the apparatus for the doctor, opening them to allow the air to flow, and closing them to obtain the manometer readings, and records the amount of air taken and the pressure readings, as given by the doctor.



PNEUMOTHORAX APPARATUS

(A) Adjustable bottle filled with sterile water
(B) Stationary bottle filled with air
(C) Manometer
(D), (E) and (F) Valves or stopcocks
(G) (H) Rubber tubing
(I) Glass tubing
(J) Glass connecting tube
(K) Rubber tubing with metal adapter
(L) Needle
(M) Wooden case for the apparatus

After treatment, the patient should be kept quiet and given a light diet. The ambulatory case is usually ordered to bed for twenty-four hours.

Ordinarily, there is very little discomfort, if any, following treatment, but occasionally a patient will complain of soreness of that side of his

chest, or possibly of gastric distress, probably caused by nervousness.

Though artificial pneumothorax therapy is not, by any means, a cure, it has altered the outlook of many a tuberculous patient, enabling him to lead a more normal life, even permitting some, while under close medical supervision, to resume work on a part-time basis. But the patient must coöperate and do his part by taking adequate rest and not neglecting other important requisites necessary in effecting a cure.

An Hourly Nurse's Bag

MINNIE KREUGER, who is a busy hourly nurse in Albuquerque, New Mexico, finds an automobile indispensable in her work and says: "I try to carry everything that I might possibly have occasion to use." For this purpose she

uses a nurse's week-end bag, which is 14 inches long, 12 inches high and 7 inches wide, and keeps it equipped with the following articles:

Alcohol
Mercurochrome
Bichloride
Tongue blades
Thermometer
1 doz. hypodermic needles
Two pairs of rubber gloves
Return flow irrigating tube
Glass douche nozzle
Umbilical tape
Surgical and bandage scissors
Probe
Grooved director
Medicine glass
Tape measure
Adhesive
Cotton
Vaseline
Safety razor
Ergot (ampules)
Hypo. tablets of stimulants
Iodine
Lysol
Small sterilizer
Applicators
Two Luer 2-c.c. syringes
One Luer 10-c.c. syringe
Colon tubes
Rubber and glass catheters, assorted sizes
Small funnel
Small porcelain pitcher
Tissue forceps
Surgical needles
Catgut
Medicine dropper
Hot water bottle
Sterile gauze
Bandages
Safety pins
Argyrol
Pituitrin
Bottle opener

Dramatic Method as a Way to Development

By Beatrice B. Beecher

TWO small boys were once conversing about grown-ups. The little lads concluded that "grown-ups" were to life what the mountains were to the landscape—a hill over which one must climb before "becoming." One lad was very practical and he said, "Becoming what?" The other replied "Well, becoming someone with a 'thinker.'" The practical child said, "What do we think for?" The puzzled one said, "So that we may do what we came to do." Practical one said, "Then what?" The answer was, "Something, but I don't know what."

How many times in the course of a lifetime do we find ourselves in the position of the little boy, wanting to do something, to be something, possessed of only the insistent urge within us to do, to be? This particular predicament seems not to be confined to any race or class of people. We find the result of "climbing hills" all through man's history. There have always been men and women who have been driven by this urge until they have either builded bridges or burned them. Which ones have contributed most to civilization is secondary and trivial in comparison to the discovery of the fact that within all mankind, through all ages, there has surged the will to be *something going somewhere.*

If we follow closely the progress of man, we shall find that all change has been a result of two groups, the thinkers and the doers, combining their efforts. The thinkers produce ideas and the doers produce concrete results. Occasionally we find the combination in one individual, but always we find that it takes thinking and action to produce results. Primitive man gives us an example of man without a language, struggling with an idea. We find that the desire to convey to others that idea produced a sign language. Later civilization calls it pantomime. What we have today, in the form of pantomime, is merely the result of a human struggle to pull out from within and, for the purpose of a social relationship, convey to a fellow man an idea, a conviction. We find in tracing human relations in the time of primitive man that dramatic presentation of fact dominated. Primitive man was without a language or words by which to express, and so he acted out a thought. Our drama of today has as a law, "the plot must be related or told in action." Narrative form is sufficient for story but drama must have action. It is, therefore, easy to believe that the stage has retained a primitive possibility.

Inasmuch as this article is written for the purpose of suggesting a method by which we may better understand ourselves in relation to ourselves, and ourselves in relation to others, and to suggest the possibility of developing the therapeutic value of the drama, it is not necessary to go further into the history of man's relation to the drama and his usage of the dramatic instinct.

The dramatist is servant to many laws of the theatre; many dramatists who fail to reach success serve the theatric rather than the dramatic. One law of the drama is "to capture within time and space the result of a human being struggling and developing under the force of circumstances surrounding him." Plot is but life transferred behind the footlights. Is it small wonder that some of us are anxious to use the drama in a human

theatre, called a laboratory, where the social significance of action and reaction may be studied and applied?

We are too often prone to regard an actor as a clotheshorse, one who wears moods, or the surface expression of the individual he portrays. To be sure, our stage is flooded today with clotheshorses, but the state of the commercial theatre is certain proof of the people's condemnation of clotheshorses. There is perhaps a deeper reason worthy of attention. It would seem that the people are anxious to recapture a primitive instinct, that instinct through which man first conveyed ideas.

In making some research into criminology, the author stumbled upon a fact which gave birth to the conviction that the drama had an important part to play in human relationships where development was desired. If we study crime, we discover that imagination plays a most important part in the carrying out of a criminal act. Going farther, we discover that the conception of a crime takes place in imagination, then we find that the dramatic qualities contained in the crime have been fed by emotions uncontrolled.

For instance, take the drama of murder, embezzlement, forgery, robbery. Could it be without imagination and emotion? These poor creatures of circumstance have become burners of bridges in their attempt to "climb the hill." There we find tragedy, sorrow, tears and degradation. Still following imagination and emotion, we may look at the achievements of man—inventors, spiritual leaders, writers, artists, engineers, architects and financial giants—and we face the builders of bridges. What made them different? Were not the inner qualities with which they achieved, the same as those with which the criminal destroyed? The force within was based upon the collaboration of the imagination and the emotions directed by the intellect. It took all three and one other force which we may call by any name we wish. I call it *God*.

If we are to consistently apply our discovery of the power that lies within the use of the dramatic method, we must accept the dramatic point of view, so that we may operate from that point. In forming plans for extra-curricular activities for nursing education, it would be necessary to first find nurses with an interest in the study of the drama and interested in carrying on these activities with the student body of nurses, then to study the needs of the student body for individual growth; follow this by a selection of plays containing qualities which tend to develop the individual. The director of such a group must always keep in mind the social significance of the immediate problem of the student body and always study and cast a play in that light.

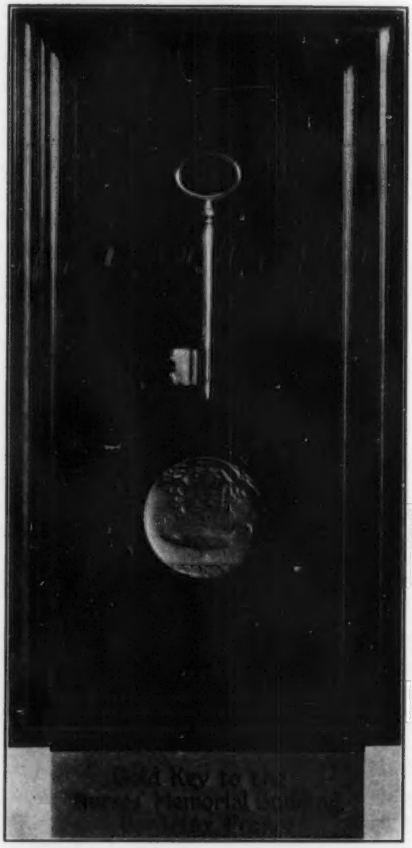
It is reasonable to suppose that the greatest contribution of the dramatic method in education, so far as a nursing body is concerned, might be first from the development of voice control. A nurse in a sick room with a rasping voice is as trying to a patient as it would be to try to convalesce in a private room in a sawmill. Next is the physical poise to be attained. Then beyond these two, and perhaps of greatest importance, is the opportunity to truly *recreate* in the individual in a recreational period. Plays for nurses should be concerned with joy and living. Their profession of necessity concerns them with sorrow and death. We too seldom recognize the fullness of beauty to be found in those who give their lives to the service of mankind in sorrow. It is time that we

all appreciate and show our appreciation of those who serve in the shadows.

There are many laymen, dramatists, doctors, and dramatic teachers who are anxious to combine forces to establish the dramatic method in education. This field should hold a special challenge to the nurses who wish to train for social service. There are those among you who feel that just nursing is not great enough, it someway does not fill life and you are waiting for the way. It is to be hoped that one among you will find the courage to take seriously the task of establishing the dramatic work in your extra-curricular activities, not only as an amusement and recreation, but as a social service activity. It is not necessary for the writer to say that she would welcome the opportunity to assist you, as her thanksgiving for all that nurses have given to her.

This article is a request for someone with vision to take up the life work of broadening both the drama and the profession of nursing. All the world is searching for understanding, every tragedy marks the grave of one who sought to grow and "become what." Those who have gone ahead of us, those who are beyond the turning point in life are gone, but their very destruction is a challenge to us to build a road by which little children may achieve, may grow and "become." We all must climb the hill but none of us ever chooses to jump off the precipice when we know how to remain on the road of the builders of men.

Life itself throws us the torch, flaming with the challenge of living. It is true that we are here to "become" and more true is the fact that we each have with us a special "something" to "become" when we have found the way through understanding of each other. Perhaps this is the meaning underneath the saying that "All the world's a stage." Are we to become actors or revealers? puppets or players? It is for us to say.



The Bordeaux School

THE key and medal embedded in velvet and appropriately framed, as here shown, hang in the office of the American Nurses' Association. The key was used in the ceremonies attending the dedication of the American Nurses' Memorial at the Florence Nightingale School, Bordeaux, France, May 12, 1922. The Commemoration Medal, presented by the School to the Association, is a lovely reminder of the permanence of the memorial to our glorious dead, the 291 American nurses who made the supreme sacrifice in the World War.

Ward Service Units

By Alice Shepard Gilman, R.N.

PROBABLY the most important rooms in the hospital from the standpoint of nursing service are the ward service units. In the past they have received slight attention, either as to location, size or arrangement. This condition, however, is being gradually improved due, perhaps, to the increasing recognition of the fact that the unnecessary steps and waste of time involved through badly located and poorly arranged service rooms add materially to the cost of operation.

Service rooms must have direct air and sunshine and should always be placed where these requirements may be met. A window opening on an inside shaft is not sufficient to answer the demand for good ventilation. Consideration should also be given to minimizing the noise in these rooms. This may be accomplished by providing an inside corridor, as shown in the accompanying floor plan. When the width of a building does not permit this precaution to be taken, soundproofing the walls and ceiling is advisable.

Location

Sink- and Workrooms.—These rooms should be directly adjacent to the hospital ward. When sufficient space is available, two rooms should be set apart for this purpose but in direct communication with each other.

In a building where there are several small wards of from 4 to 8 beds, there should be, in addition to the central workroom, a sinkroom between every two wards. Such an arrangement would allow less than 100 feet between each two sinkrooms and would require the nurse to travel a maximum of only 50 feet in carrying out the normal requirements of nursing care.

By centrally locating such a unit as is presented in this article on a corridor for the care of private patients, it is possible to economize both in time and effort in the nursing care of a large number of patients, especially when properly equipped sinkrooms are available at each end of the hall.

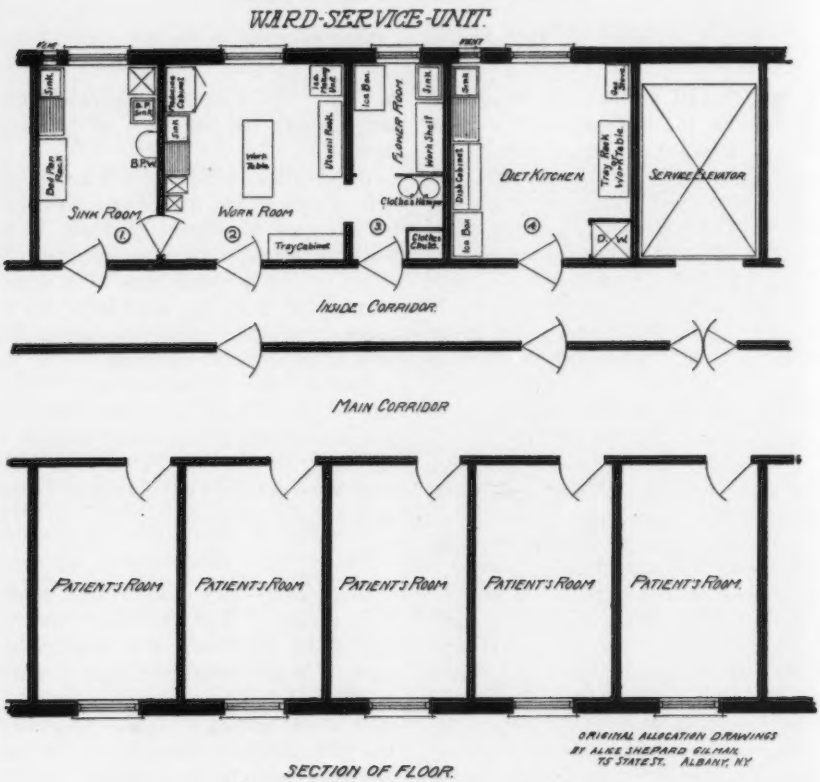
Diet Kitchen.—The location of the diet kitchen should be central and but few institutions require more than one on each floor. Particularly is this true when central food service is being so generally adopted.

Size

Sinkroom.—The size of this room is, in a general way, dependent on the size of the ward unit it is required to serve. When connected with a ward of from 16 to 30 beds, a room 8 x 13, or 8 x 15, allows adequate space for the placement of standing equipment and also room for the necessary traffic, without confusion. Rooms 6 x 12 lend themselves admirably to this need when the equipment necessary may be placed on one side wall and where the traffic is limited.

Workrooms.—Here again the size of the ward is the determining factor. Inasmuch as all treatments are prepared here, trays set up and dismantled, there should be ample space for several nurses to work at one time. This is particularly important on a private patients' corridor where there are several special nurses on duty, in addition to the general floor staff.

Diet Kitchen.—The size of this room will be determined by the type of food service adopted. With a central serving pantry, the ward kitchen need



only be large enough to meet the requirements put upon it for the preparation of extra nourishments, etc. If the food service is decentralized, each kitchen must be sufficiently large to accommodate all the facilities for a complete tray service.

Arrangement

A CAREFUL study of this floor plan and its arrangement will prove more helpful in clarifying the suggestions for this section of the ward service unit than a detailed description. The placement of equipment and its relation to the routing of traffic is especially emphasized.

Not all hospital boards or architects are awake to the importance of these details of hospital construction, although they count for so much in the right care of patients, but every nurse can realize the advantages of securing adequate facilities for carrying out proper nursing care and she should do her utmost to see that they are incorporated in the plans for any hospital with which she may be connected.

Insurance for Nurses

By Charles J. Fay

UNTIL recently, it was not felt that women had need for life insurance. In our present social and economic life, the modern business woman stands as an equal to man in every profession and occupation, and life insurance is now regarded as a necessity for the woman who is earning her own living.

Every self-supporting woman, at all times, wishes to retain her financial independence, and she will give greater efficiency in whatever occupation she may find herself if she is confident that she is to be taken care of in her old age. Having a monthly income, commencing at age sixty or sixty-five, guaranteed for the rest of her life, she always feels free to spend a little of her excess earnings in travel, or in pleasures that she might otherwise deny herself, were she compelled to save to provide a sinking fund for her own later years. As the cost of these contracts is relatively small, compared to the benefits derived, no business woman can afford to be without such protection.

Today life insurance has a twofold purpose: it creates an estate for her dependents in case of her death and, what is far more important, provides an annuity or life income for her in her old age. Almost all companies are now offering life insurance on a pension or annuity basis, so that when the woman attains the age of sixty or sixty-five, the contract will pay her a monthly income as long as she may live. The return on all other investments may fluctuate, but the return on a life income contract carries with it a guarantee. Many companies have extended the disability benefit to women, which carries the additional protection of life income within a short period of time after she may become permanently totally disabled.

As it was recently expressed, "If it is an advantage for a man to make provision for an income in old age, through life insurance, how much more necessary and advantageous is such a protection for a woman."

Of all business or professional women, the nurse occupies an unusual position. Whether she is engaged in institutional work, community service, or private practice, she is due to frequent changes of employers and often of locality, as the demands for her services may arise. This puts on her, alone, the burden of her self-sufficiency and compels her to provide for herself not only for the time being, but for the periods of temporary readjustment, or unemployment, and for her own old age.

These facts place her upon a compulsory saving or thrift program that may present several methods of solution. Among these is a weekly or monthly budget in which her savings account must be a large factor. Savings may be made in several ways—through banks and investments, and through insurance. It is with this last item that this article has to deal.

There are but few types of insurance contracts that may be considered as best adapted to the needs of nurses. With the ordinary, or whole life contract, the individual is insured for a fixed amount and the premiums are paid for life. This is often referred to as the cheapest form of life insurance because the premiums are relatively small, yet the contract carries values proportionate with all other life insurance contracts. At the end of the second year, reserve values appear which enable the insured to borrow certain amounts of money from the

company or to arrange to have loans advanced for premium-paying purposes. The contract has a surrender value, so that after the second year, if the individual wishes to discontinue the insurance, she may withdraw these cash values and the contract is terminated. Should the policyholder not care to terminate the insurance, she has two other options after the second year, either to accept an amount greater than the cash value or loan value, as paid-up insurance, to be paid at death, or to have extended term insurance which would guarantee the payments of the full amount of the policy for a fixed number of years after the expiration of the last premium-paying period.

Participating companies, that is, companies that pay dividends on the premium deposits, in most cases begin these dividend payments at the end of the first year and these may be applied in several ways—either in cash or in credits against the premium payments for the succeeding years, or as paid-up insurance, or they may be left with the company to shorten the term of premium payments or to mature the policy. This latter plan is generally adopted so an ordinary life contract, with many companies, becomes fully paid up in the period of twenty to twenty-five years and no more premiums are required. Contracts which would normally require premium payments over a period of twenty years, become paid up in sixteen to eighteen years, and endowment contracts would mature several years in advance of the original contract agreement.

Another item that has now become almost universal is the inclusion of the total and permanent disability benefit in life insurance contracts. This feature given to both men and women, for a slightly increased premium, has become standard so that it might be referred to as a disability benefit of $10 a month, per $1,000 of insurance, as long as the insured may live, and then at death pays the full amount of the face of the contract. This is paid only for permanent total disability, with slight modifications by several companies as to their interpretation of the words total and permanent. This benefit includes waiver of premiums, that is, on acceptance of the claim no further premiums have to be paid.

Several companies have included, for a slight additional premium, an accidental death benefit, which is attractive to many. This is sometimes called double indemnity and if one has paid the slight additional premium and suffered an accidental death, twice the face of the contract is paid to the beneficiary. There are certain moderate limits which do not concern us here.

Persons desiring to pay their premiums over a given number of years may secure a limited payment contract which is the same, in many particulars, as the ordinary life contract, the exception being that the payments are paid for a limited number of years only. This naturally demands a higher annual deposit and carries with it increased cash and loan values and a longer extended term. The disability and double indemnity values may also be added.

The endowment contract insures the individual for a number of years and demands a premium sufficiently large to accumulate a fund which will, at the end of that period of years, pay to the insured the face of the contract For example, if an individual were insured for $4,000 on a twenty-year endowment contract, the contract would demand an annual premium of about $200 and at the end of twenty years $4,000 would be paid to the insured.

Disability and double indemnity may be included with the contract and all other values are automatically included in proportion with the premium deposit.

There are many modifications and combinations of the three contracts mentioned above. A very popular form is a long term endowment contract requiring a moderate premium over a long period of years and, instead of taking the face of the contract in a lump sum at maturity, payments are made monthly, quarterly, or annually for the rest of the life of the insured, with a fixed number of payments guaranteed.

Annuities offered by life insurance companies pay to the individuals, upon receipt of a fixed amount of money, a given income for the life of the annuitant either in annual, semi-annual or quarterly payments. If the deposits are made over a number of years or if the amount of money were paid to the company with the understanding that no annuity would be paid for some years, the annuities are then called deferred annuities meaning that the annuity payments are deferred until a later date.

For purposes of insurance, nurses may be considered to be divided into three groups: the nurse who, because of family connections or because of fortunate circumstances, is not compelled to be entirely self-supporting; the nurse who is not only self-supporting but who has to contribute to the support of others; and the nurse who is compelled to support only herself. Let us take up the discussion of insurance for each of these groups, with special consideration for the needs of each group.

Group one we may pass over quickly for it may be readily seen that insurance or compulsory saving depends only on the degree and the amount of the sources of income outside of her profession. If she has a private income that is assured through investment or trust, or if she is connected with a family of means, sufficient to guarantee the ultimate possession of funds that may carry financial independence to her and her personal dependents, then truly her need for savings or insurance is slight. Savings or insurance to her mean only an additional income to one already assured.

The second group, however, presents a different equation, for with a nurse who is helping in the support of others, the chief concern is the possibility of the loss of income to her dependents through her death, or loss of earning power.

Her insurance may play a major part in producing peace of mind, in the knowledge that through her insurance contracts she has guaranteed to her possible beneficiaries a financial security that may be assured only through the medium of the life insurance contracts.

For her there are many plans that may be suggested, but our advice should be supplemented by the service of a company representative who, upon learning of her needs and plans of life, may best advise the forms to be selected.

The type of contract purchased depends entirely upon the purpose to be served; for example, should the need demand the largest amount of insurance at the minimum expense, then the ordinary life contract should be selected. This creates an estate at the time of death larger than that of any other contract carrying the same premium deposits. (Term insurance may be considered here, but this is not available to women in many companies and serves only a temporary need.)

The ordinary life contract, with its substantial cash and loan values, and with its total and permanent disability benefit when available, guarantees an income to the assured in the event of total and permanent disability, and with the dividends left with the company to limit the number of years the payments are to be made, has many very desirable features. Cash values are of great importance, for in attaining the age of retirement, should there be no longer need of insurance for dependents, these cash values may rightly be withdrawn and converted to annuities for the policyholder.

If the need of insurance is not so great because of the fact that the beneficiary may be only partly dependent upon the assured for support, then the contract should be purchased that carries greater values to the nurse herself. Here the long-term endowment, or the contract with ultimate life income payments to the insured, may best serve the need.

One cannot give too much emphasis to the value of endowments in cases similar to that last mentioned. Again to give an example, nurses are graduated, generally, while still in their early twenties, and an insurance program of endowments in series is of great advantage. Take the case of a young woman, twenty-five years of age, who may purchase $2,000 of insurance on the twenty-year endowment plan.

As time advances, because the dividends become larger, the net cost becomes smaller. Her own income may increase, and so additional units on this same form may be purchased to make it possible for her to have contracts payable to her for their face value at ages forty-five, fifty, fifty-five, etc., to the end that at age sixty or sixty-five, these contracts may furnish sufficient funds to purchase annuities, or securities, through proper investment to care for her in her later years.

The third group presents a very simple insurance or saving program. Having only herself to care for, the nurse may concentrate entirely on her own future. She may, with all justice to herself, elect several plans or combinations of savings and insurance. Here, again, we may offer the endowment in series, guaranteeing funds at a certain time for travel, further education and study, for investments, and for her own ultimate retirement.

We also suggest a third plan—that of the deferred annuity or its equivalent, as some companies now offer, the retirement annuity. This last contract was designed particularly for professional people, for it takes savings distributed throughout the period of producing years, and guarantees the payment of a fixed annual or monthly income upon the attainment of a certain age—generally taken at sixty for women.

The retirement annuity contract carries a cash value and death benefit, or a disability benefit, should total and permanent disability occur before retirement, and generally may be paid in several ways upon reaching the age of retirement, and the ultimate decision may be reserved until that date.

The several ways here referred to are: cash in a lump sum to the full value of the contract; a fixed income for life; or with a fixed income for life and with a guarantee that a certain number of payments will be paid to the annuitant or to her estate.

In the last decade this contract has gained tremendous favor with the insurance purchasing public particularly now that pensions for employees are becoming so universally discussed, and as pensions, as such, are not

possible for the individual professional man or woman, contracts with life incomes or annuity features carry a strong appeal.

We of the insurance world offer our services as advisers to those who wish to have their plans of life analyzed and ways may be suggested that will best serve the needs of individual applicants.

Fifty Years with One Institution

IN April, 1878, when Mary Staines entered the service of the Battle Creek Sanitarium, no school of nursing had yet been organized. Indeed, she was still too young to matriculate, as she lacked a few weeks of being fifteen. She at first worked merely for her board and room, at the same time attending classes in the old Battle Creek College. Her real nursing began in the spring of 1881, when she went into the hydrotherapy department. Two years later she became office nurse to Dr. John Harvey Kellogg who is still superintendent of the Sanitarium. She continued here for ten years. Meanwhile, in 1884, the School of Nursing was established and she was enrolled in the first class. In 1893 she became superintendent of the hydrotherapy department and a year later was advanced to be director and supervisor of nurses. The years 1897 to 1899 were spent in Chicago as matron and supervisor of nurses at a subsidiary institution of the Sanitarium. In August, 1899, Mrs. Foy returned to Battle Creek to become principal of the school of nursing and superintendent of nurses. These two distinct places she has retained ever since.

MRS. MARY STAINES FOY, R.N.

Young girls leaving their families for the first time, homesick and depressed, have found in her an elder sister or mother. When they have been ill, she has not merely supplied the medical attention which they needed but has given them that warm sympathy and personal ministration which are even more welcome and helpful.

No student nurse has ever been merely a pupil to Mrs. Foy, but a young person who has weaknesses and temptations, who needs shielding and sometimes coddling, whose good purposes may need stimulating, who richly repays sympathy and encouragement, who is entering a calling where her usefulness will be greatly increased by intelligent training. In

short, Mrs. Foy has mothered them all. The number of persons who have thus come under her care number about 3,000, and her concern for them has not ceased with graduation; friendships have lasted through the years and in spite of distance.

Mrs. Foy was present at the first mass meeting of American nurses, held in Chicago, in 1893, from which all organization work has sprung. She has been an officer in all the state and local organizations to which she belonged and she was a member of the Michigan Board of Registration for fifteen years, serving for a long time as its secretary.

On June 8, 1925, Mrs. Foy was honored by Olivet College, Olivet, Mich., with the degree: Mistress of Liberal Arts.

In honor of her fifty years of service, Mrs. Foy was given a banquet on April 24, at Battle Creek Sanitarium, where three hundred guests gathered to pay tribute to her work and to her character. Dr. John Harvey Kellogg, Superintendent of the Sanitarium, gave full credit to her assistance in helping him build up the institution; they have worked together for these fifty years. Other doctors spoke with enthusiasm of her aid. Greetings and appreciation from the national organizations and the *Journal* were brought by Katharine DeWitt; from the Michigan Board of Registration by Mrs. Helen de Spelder Moore; from the Alumnae by Mrs. Effie Tyrel; from the students, by Lois Painter, a member of the Senior class. Hundreds of telegrams and letters were received from Honolulu to Norway, and many were read. The affection and good wishes from near and far were gathered into tangible form by the gift of a beautiful ring.

It was made evident, that evening, that old-fashioned virtue is not out of date—that steadfastness of purpose, quiet wisdom in dealing with difficult problems, firmness and kindness, are qualities still appreciated and that they have been wonderfully exemplified by these years of service given to her profession and to humanity by Mary Staines Foy.

Study of Infantile Paralysis

INFANTILE paralysis which, terrible in its after-effects, presents one of the most urgent and difficult problems confronted by modern preventive medicine, will be the object of a concerted three-year attack launched by an international group of scientists seeking for its prevention. Dr. William H. Park, Chairman of the International Committee for the study of Infantile Paralysis, said that Jeremiah Milbank of New York had given $250,000 for the work.

Participating in the researches are Chicago, Columbia, Harvard and New York Universities in this country, and the University of Brussels and The Lister Institute of London. The Committee hopes, as work progresses, to enlist the coöperation of still other institutions and laboratories both here and abroad.

"Whether or not the virus of poliomyelitis can be isolated and grown and utilized for an antiserum vaccine, is a question of doubt," said Dr. Park, "but we are hopeful that something may be accomplished. At any rate, such practical questions as the value of convalescent serum, the methods by which the disease spreads and means for its prevention can be partly or wholly solved, and some practical results be attained to prevent the disease which has killed or maimed thousands in the last decade."

Little has been discovered about the prevention and control of infantile paralysis, in spite of the immense amount of study which has been given to the problem. There is no periodicity to recurrences of the disease which is both endemic and epidemic. The death rate from poliomyelitis was higher in 1927 than during any year since the epidemic of 1916.

Case Study at the School of Nursing, University of Minnesota

By Deborah MacLurg, R.N.

NURSING case studies are among the most recent developments in ward teaching in each of the four hospitals where students in the Central School of Nursing at the University of Minnesota get their clinical experience. This method of ward teaching has developed in response to a felt need on the part of the student as well as of the head nurse and supervisor.

The purpose is to develop in the student an attitude of mind toward her clinical experience in the hospital so that each patient comes to mean more to her as she realizes the importance of studying the social history and background as well as the medical history. The many opportunities presented in the hospital ward to teach public health and prevention are emphasized, and each student is encouraged to investigate and study individual cases from a nursing viewpoint. While this phase of ward teaching is still in the experimental stage, very definite progress has been made and the head nurse as well as the student gains much from this method.

Instruction in the technic of building up a nursing study is given during the student's second quarter in the school. This instruction consists of a series of ten lectures giving the historical development of the case study and its use in nursing. Each lecture is followed by group conferences, where such topics as "Methods of Gathering Data," "Selection and Arrangement of Pertinent Facts in the History," and "Sources of Information" are discussed. At the end of the course an objective examination is given.

During this period each student is assigned two projects. The first is to read and review two articles in public health or preventive medicine in current issues of nursing or medical journals. The purpose for this assignment is that the student, early in the course, becomes familiar with one type of professional literature to which she can turn for information in investigating certain aspects of disease. The second project is to write the social history of one of the patients assigned to her care in the ward. This study is valuable for many reasons; the student begins to learn a technic of approach to the study of a case, and from hearing the patient talk, from watching his reactions and adjustment to the hospital environment, the importance of studying the individuality of each patient is impressed on her mind.

In the general medical and surgical departments, each student writes one case study a month. The head nurse guides her in the selection of cases, choosing one that will be within the range of her present scientific knowledge, and yet studied in such a method that it will add to her body of general nursing knowledge. In each service a gradation of experience and variety of cases chosen is desired, ranging from the simple case for the young student to the complex one studied by the Senior.

As a general rule, the patients selected are those suffering from common medical and surgical complaints rather than those with unusual and obscure diseases. The reason for this is, if a patient has a very rare disease, the attention of all the students

on the ward is drawn to it, either by reports given at morning circle or by clinics held by doctor or head nurse, so that each student has the opportunity of learning about this disease, and the interest aroused by the unusual and unfamiliar is shared by all.

In the different services the studies vary, and in order to aid the student in emphasizing the important facts peculiar to each, printed directions have been prepared for each of the major services—medicine, surgery, pediatrics, obstetrics, contagion. The student is warned against following these directions slavishly; they are to guide her, and she is encouraged to use her own initiative in presenting the study, using either essay or outline form as she thinks best adapted to that particular case.

The Junior students in general surgery write studies on patients with such diagnoses as simple fracture, appendectomy, hernia; while the older students select such types as stomach or gall-bladder cases, thyroid patients, or those presenting more complicated surgical conditions.

In the pediatric department each student is given the directions for writing the study in this service, and the same method of writing one study each month is adopted. The following selection of cases is advised: one study of an infant, one of an older child and one of a surgical case. The nursing case study has been particularly helpful in this department in drawing the attention of the student to child training and the building of health habits. A much keener interest has been shown in this aspect of the students' experience in pediatrics since definite cases are studied and discussed from every angle.

In the obstetrical department a slightly different method is adopted since the student's time, during the three months, is divided between the nursery, delivery and operating rooms. Here the student writes one study of a newborn infant during her time in the nursery, and one very complete and intensive obstetrical study, following one case closely from admission to discharge, and presenting the complete picture in detail. The study of the newborn has been most valuable in impressing on the student's mind the picture presented by the normal infant.

Six weeks during the student's course is spent in the contagious department and during this time one intensive study is written.[1] The case is carefully selected by the student, and after being approved by the supervisor a very complete study is made. Prevention and the public health aspects are emphasized, the method and reason for isolation, and the part played by the state and city in the control of contagious diseases.

The importance of completing the study before leaving any department is stressed, and if the student is transferred to another department, the study must be completed, covering only her observations while she was actually in the ward every day and could follow the progress accurately. The students have found it very helpful to carry small loose-leaf notebooks in their uniform pockets. Here they can make notes of the daily observations made about the patient they are studying, memoranda can be made of the social or medical background as the student gleans this information in her daily contact with the patient. The reactions of the patient to some treatment or medication can be listed, symptoms observed, or the scientific information which has been learned from attending ward rounds or clinics.

[1] Such a study may be found in "The Students' Page," p. 613.

In special departments, as the operating-room, the dispensary, the diet kitchen, where the student's contact with patients does not lie in the bedside nursing care, types of reports are made which are adapted to fit the needs of that department and the opportunities for teaching presented there.

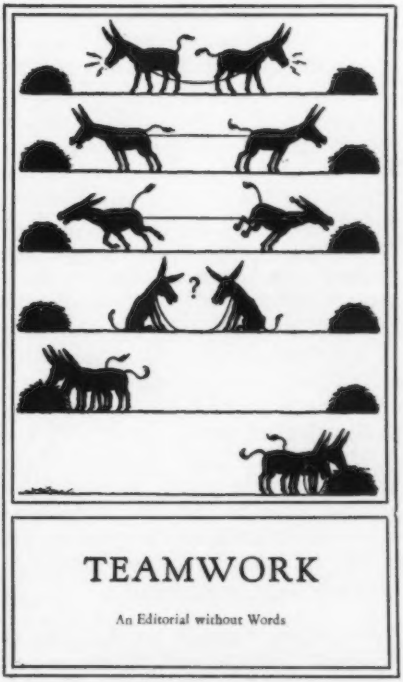
Each study, no matter from what service, or type of case, is completed by itemizing under the three following headings the patient's reaction, the student's reaction and additional study that has been made of this particular disease. These headings are:

1. What I taught this patient.
2. What I learned from this study.
3. References.

Here we are able to gain a better idea of the reaction of the individual student to her patients and to the study she has made. The following extracts are from recent studies: "I believe I looked up things I would never have done if I hadn't had to write a case study." The following is the concluding paragraph of a study written about a patient with diagnosis of exophthalmic goitre with cardiac decompensation.

Case study will bring a nurse to a better understanding of her profession. She will not be merely a mechanical individual rushing through the every-day routine, giving never a thought to this or that patient in her care; but she will find herself intelligently interested and with a mind open to grasp the why, wherefore and result of every procedure. After one case study, she will consider every patient a case study and will formulate a mental outline for each, watching the progress and learning what to expect in different cases. I feel that becoming so intimately familiar with one case, incidentally learning so many new facts on cardiac and thyroid cases, I will in the future not only have a better knowledge of similar cases of cardiacs and thyroids, but will also work with an open mind ready to grasp and understand new cases.

As a result, during the time the student is receiving clinical experience in the various departments of the hospitals, the head nurse and supervisor are working together to give each patient better nursing care by developing in the student a more scientific attitude toward the ward experience, as well as a better understanding of the individual patient.



University Schools

THE National League of Nursing Education now has available the reports of the Conference on Nursing Schools connected with Colleges and Universities which was held in New York City in January.[1] It is a publication which should be in the possession of every school which has the slightest aspiration to a university relationship. It should also have an important place in the reference material of those who teach the history of nursing and courses in professional problems. It will be desired by all nurses who are interested in the progressive phases of nursing education.

The published proceedings are full of interest and contain much material of a thoroughly practical nature. Dean Russell's discussion of the development of professional education will doubtless become a classic. Professor Leonard's presentation of the development of professional education on various levels throws strong light on some of our problems, and the discussions of hours of service, budgets, relationships of schools to universities, credits, curricula, standards for evaluating work, and public health affiliations, are full of substance.

We have no wish to duplicate the publication of the League. We append herewith some excerpts from Miss Nutting's paper because they present some of the basic problems which have to be met in every attempt to make a sound affiliation with a college or university.

Historical Summary of the Relation of Nursing Education to Universities.
By M. Adelaide Nutting, R.N.

It is often hard to take hold of the beginning of things, because the beginning is the idea about which some one has been dreaming, thinking, or talking before—perhaps long before—the idea has taken any tangible, material form. Hunting for creators of ideas is sometimes a long and baffling task.

It would be interesting to begin this summary by gathering together the threads of thought preceding the first actual step which brought the problem of nursing education within the realm of university interest. But there is much work before us today and time only permits me to point to what was, perhaps, the first experiment in this direction, begun in 1893, when groups of students desiring to enter the Royal Infirmary in Glasgow, for nursing training, were required to take courses of preliminary instruction in the sciences. These courses were given at St. Mungo's Medical College by eminent medical professors, the students paying the usual fees and living at their own expense. Further work in the School of Nursing was contingent upon passing these first tests and examinations satisfactorily.

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Looking back over the years we see the first small beginning of a movement representing a genuine need or better work in one branch of human activity, moving slowly, hesitatingly, patiently, yet with steadily growing momentum toward a desired end. In the beginning there is, for several years, the one solitary outpost here at Teachers College—then a school arises here and another there, and a slight connection somewhere else, in places widely separated and strategically important. Then follows another period, that in which we now are, when schools are arising fairly rapidly. Of the forty-five colleges or universities which are now taking some part in the education of nurses, about three-fourths of the entire number have established their connections within the last ten or twelve years. Only the most casual examination of this growth can be made, owing to the scanty information available, but this reveals such a variety of relationships as to suggest the advisability of careful scrutiny.

These relationships group themselves roughly into about five types:

The independent endowed schools: those schools of nursing placed in the university under the direction of medical schools; those placed under the direction of other faculties, such as applied science, applied sociology, letters and science, public health education, college of liberal arts or, in one instance, in a college of science.

Another group is made up of nursing schools

[1] May be obtained from the National League of Nursing Education, 370 Seventh Ave., New York, Price, $1.00.

connected with university hospitals and under hospital direction, yet looked upon as directed in some degree by their universities; and still another group shows a variety of affiliations, suggesting a very loose, ill-defined, perhaps ill-understood, relationship. A quotation from one of these announcements reads, "The School of Nursing is an integral part of the University and controlled by the University Trustees," followed a few lines later by the following: "All rules and regulations are subject to change by the hospital at any time."

It is interesting to note the unifying effect of the university school in bringing several hospitals together in one central educational scheme which benefits both nursing and medical schools, and improves the care of the patients in all hospitals. Three or four hospitals are thus united in the Universities of Minnesota, Western Reserve, and elsewhere while the School of Nursing of the University of Washington has a connection with all the hospitals of the state.

* * * * *

Some attempt has been made to discover the extent to which relationship with the university affects the life, and work of the student nurses in the hospital; and there is growing evidence to show that the influence of the university is reaching into the hospital, and little by little throwing definite safeguards about this, the most important part of the nurse's education.

When, for instance, the exact amount of time required for training in certain services is agreed upon, it becomes the duty of the university school of nursing to adhere to that plan, and hospital conditions may not interfere with it. They must be met in some other way than through students. Several university schools speak of this, apparently with relief and satisfaction.

A marked increase in the number of graduate nurses employed for general duty, and in the number of attendants noted in several hospitals, shows clearly an effort to relieve the students of some of the burden of work and responsibility hitherto borne by them. One director of a progressive school writes: "Our school is really supplementary to the nursing staff." Several schools report the addition of more teachers and of more supervisors to the hospital staff necessary in carrying out the enlarged and improved scheme of instruction.

Questions were asked about the difficulty of handling, in the hospital nursing service, two groups of students, those working for a degree, and others for the diploma, and almost every reply showed that there was really no difficulty of serious moment. The work was a little harder to plan, correlation somewhat more difficult to make. All it required was a little more brain power, and some pointed out that the arrangement was good, providing a stimulus to those working for a diploma, which some were taking advantage of by going on with further work for their degrees.

* * * * *

Doubtless it is very difficult to take full advantage of these new relationships without many readjustments of the older ones, but the gains for the students are so obvious that nothing should be done to imperil or weaken them. The hospital school has gained for its students just those things it has not been able to secure—access to the classrooms of highly trained and often distinguished teachers, to well-equipped scientific laboratories, to libraries and to a wide range of social and intellectual interests, things practically impossible for many hospitals to provide.

The directors of these schools almost unanimously report that the results of their university connections are shown: first, in a marked increase in number and in better qualified candidates for admission. They point further to the more important work their graduates are able, and are called upon to do. There appears to be a large demand for them. They think also that their schools are influencing helpfully the education of nurses throughout their own communities and states. It seems clear from the letters of these deans and directors that the lives of their students are greatly enriched by the varied associations open to them.

Surveying the various positions under which schools of nursing are functioning in their relationship with universities, their unquestioning acceptance of almost any status, one is led for an instant, to believe that such matters seem of little moment to them, provided they can gain somehow access to the knowledge they need. Their groping efforts to find this, in the college or university, seem like a search for the Holy Grail. There is no mistaking the intellectual hunger which has led and is leading nurses the world over, to build under, into, and around their work that knowledge which is fundamental to its well-doing, to its life and growth, and to their own growth.

* * * * *

Sympathetic, however, as we may wish to be toward all beginnings, we must insist that there are right beginnings and wrong ones

and that good growth is contingent upon certain fundamental conditions.

Real progress in this direction will depend upon much more than a loose connection between the hospital school and the university which may bring certain material advantages to each, but fails to alter traditional policies and attitudes toward the education of nurses, and to enlarge the conception of mutual responsibility which these powerful institutions should hold toward it.

* * * * *

Not one of us would, I believe, wish to weaken in the smallest degree the extraordinary value of those years which the student nurse spends amid the realities of hospital life. On the contrary, we would seek in every way in our power to enlarge her understanding of them, and strengthen her powers to deal with them before sending her out into the world to play her part in helping to conserve human life and health. To do this adequately, she will need all that both hospital and university can give her, and their coöperation in such an effort should be wholehearted and intelligent. The time has come when the present confused and various relationships should be scrutinized with great care and when a policy should be clearly defined, agreed upon, and united work done toward establishing it.

What status, conditions and resources are essential in enabling the university school of nursing to provide adequately for the education of its students? What is the right place for the school in the university? What is its right place in the hospital? It is for the study of these two fundamental questions, and in the hope of reaching some helpful conclusions about them, that we are gathered here in Conference.

Nurses in the American Legion

By Mary A. Hickey, R.N.

ELIGIBILITY in the American Legion, an organization of World War Veterans, is defined by its Constitution thus:

> Any person shall be eligible for membership in the American Legion who was regularly enlisted, drafted or inducted or commissioned and who was accepted for and assigned to active duty in the Army, Navy or Marine Corps of the United States at some time during the period between April 6, 1917, and November 11, 1918, both dates inclusive.

This clause on eligibility makes every nurse who served in home service or foreign service eligible for membership in the American Legion. There are thirty-one women's posts and there are many other posts which include both men and women in their membership.

It might justly be asked why we, as nurses, join a veterans' organization. The answer is that we do so because there is among us a desire to perpetuate associations formed under the hardships of war. When the nurses who are eligible join this organization, what is their purpose? We gave service while we were members of the U. S. Army or Navy; we can still continue to give service. The following record of service will show what one women's post has done.

The Jane A. Delano Post Number 6 was chartered July 9, 1919, in Washington, Department of the District of Columbia, American Legion. The members of this post take their place beside their brothers in all celebrations for veterans. Their colors have been in evidence, whether it was on Flag Day celebration on the steps of the Capitol or a demonstration having Colonel Lindbergh as the central figure. Each Memorial Day, exercises are held at the grave of Jane A. Delano in Arlington Cemetery. The post takes an active part in attendance at the funerals of nurses from all parts of the country who are buried in Arlington National Cemetery.

From the time of its organization, the post has been concerned with the welfare of disabled nurses, regardless of membership in the Legion. The welfare officer visits regularly and keeps in touch with the nurses treated in local hospitals. The disabled are remembered at Christmas and Easter. Money has been raised by special contributions from individual members and a loan fund established for the purpose of helping those in temporary distress.

The sick nurses at St. Elizabeth's Hospital, Washington, D. C., have been visited regularly. They have been entertained at dinner, and each month they are entertained at a tea. A welfare fund is maintained and from this fund sick members may be helped when necessary.

What have we done for the Department of the District of Columbia? The Department has been supported 100 per cent. The nurses are represented on all committees, for instance: Allied Veterans', General Memorial Commission, American Legion Memorial Day Committee, Child Welfare Committee, and all committees on civic affairs.

This year we are participating in the Americanization program of the American Legion and are sponsoring a baseball team to be known as the Jane A. Delano Number 6 team of the American Legion. An opportunity was offered here for concrete service and it is being done by a woman's post.

The Department of the District of Columbia has been most gracious to its members. In this Department there is elected each year a woman as vice commander. Many members of the Jane A. Delano Post have been elected to this office. This year the office is filled by J. Beatrice Bowman, Superintendent of Nurses, Navy Nurse Corps. Miss Bowman has been present at all executive meetings of the Department and has represented the nurses most admirably.

In perusing the above, it would seem that the women are confining their activities to local affairs and that since the interest of men and women in this organization for veterans is the same, the time has arrived for women to concern themselves with national organization affairs; this can only be done if every nurse who is eligible for membership joins the Legion and stands solidly behind any movement towards placing a woman candidate, whose qualifications meet the demands of the office, in the national body. Recognizing that the problems of the women in the Legion are somewhat different from those of the men, it is believed that representation in the national body would be most desirable and would have the unqualified support of all.

The nurses who have been in the American Legion since its beginning believe in the worth-whileness of the organization. Many of them have ability. It is time for them now to concentrate on full membership of every nurse eligible and to take their place with their brothers in the national affairs, for it is believed women have proved their capacity by what has been accomplished by the women's posts.

The record of service and interest of the Jane A. Delano Post Number 6, Washington, D. C., is undoubtedly repeated in every women's post in the United States. In the years to come, we want the archives of the American Legion to tell a story of those who faced their responsibility in the American Legion.

Who's Who in the Nursing World

NATURE endowed Elnora E. Thomson with a sturdy physique, a vivid personality, a resonant voice, a keen and well-poised mind. Small wonder that she rather quickly rose to a position of leadership after her graduation from the Presbyterian Hospital School of Nursing in Chicago and that she has steadily remained on the upward path ever since.

The record of her professional activities begins with the position of Superintendent of Nurses at the Elgin State Hospital, Elgin, Ill. There she gained a knowledge of and interest in mental hygiene that has been effective ever since. Several years as Superintendent of the Illinois Society for Mental Hygiene, overseas service with the Red Cross Tuberculosis Commission, service in Italy as Director of Public Health Nurse Education, led to the position of Director of the Public Health Course in the School of Civics and Philanthropy in Chicago. Miss Thomson then went to Oregon where she assumed the direction of the course in Public Health Nursing in the University of Oregon.

The American Child Health Association claimed her for a time and she opened its far-western office in San Francisco, remaining there until a retrenchment program made it necessary to close the office.

Returning to the position in the University of Oregon, she at the same time directed the nursing service of the Child Health Demonstration at Salem which is now drawing to a successful close. This releases Miss Thomson for full-time work at the University of Oregon where some extremely interesting plans for affiliations for schools of nursing are in the making.

LXXXIII. ELNORA E. THOMSON, R.N.

Miss Thomson's interests, as we have shown, are as broad as the profession itself and she has held many positions in the professional organizations and was, at one time, a member of the board of directors of each of the three national organizations.

Endowed with an infectious enthusiasm for nursing, it goes without saying that Miss Thomson is a woman who has many friends. They are scattered throughout the country, but in the West, where so much of her work has been accomplished, their name is legion.

Editorials

Nurses, Patients and Pocketbooks—a Best Seller?

THE first book from the Grading Committee, which is just out, is provocatively and appropriately named. It is the "Supply and Demand" study and therefore of major concern to nurses and to the patients who employ them and for whom the profession exists.

Economic problems arise at every turn of the study, hence the "Pocketbooks" in the title. Physicians, hospitals, and schools of nursing are by no means ignored. How could they be, when their interests are so intertwined with those of patients and nurses? But the emphasis throughout is on the question: "Are patients getting the amount and kind of nursing service they need and want, at prices they can afford to pay and on which nurses can live with self-respect and in economic security?"

Every page of the text is based on material secured directly from nurses, patients or physicians. Few people will read it all at once and from cover to cover. Some will read the convenient summaries of the statistical chapters and then go back for the explanatory text. Others will read first the chapters of material quoted directly from the "emotions" set forth on the backs of the questionnaires, for it is folksy stuff with a strong human appeal. But they too will turn to the facts which are so graphically presented by the many tables and the sixty diagrams scattered through the text.

It is extremely important that each of the groups concerned take a comprehensive view of the situation. Private duty nurses have asked what the study of their problems has to do with grading schools of nursing. Hospital superintendents have feared that the study might ignore their grave problem of providing safe nursing care out of an always limited budget. Public health nurses have asked what grading could mean to them. Some observers have felt that the committee should have proceeded at once to its avowed task of grading the schools. The answers to all such questions may be found in the book. With precision, dexterity, and crystal clarity the study shows the interrelation of the problems and of the successes of all these groups.

If, as the study unequivocally points out, private duty nurses are idle too much of the time, it is obvious that one of two things must be at fault; either too many nurses are being graduated, or our methods of distribution are extremely faulty and there are patients wanting nursing service who are not receiving it.

What has the study of supply and demand to do with public health nurses? The data gathered are significant. Public health administrators talk constantly of shortage of nurses for their work, but they mean shortage of *qualified* nurses, for the records show that there are about five applicants for every position. Would this condition have come about if all schools for nurses had been run on the principle that they are schools preparing women for a lifework instead of on the principle that the hospital needed them?

Never before has the possibility of an oversupply of nurses been seriously considered. One of the startling features of the book is the "Professional Life Table" which shows that although graduate nurses drop out

rapidly in the first few years after graduation, the average professional life is 17.34 years. It shows, too, that nursing is truly a lifework for about one-half of the women who enter it, and the facts made available for the first time indicate that matrimony is no deterrent to the practice of nursing.

The growth of nursing population is more rapid than that of the population as a whole. The public is not utilizing all of the available service and nurses suffer. In the light of these facts, hospitals may no longer justify basing the size of their schools of nursing solely on their own need of nursing service and on their capacity for housing students. Hospitals in the future must ask and answer the question: "What social justification have we for starting a school of nursing?" And the answer will be found partly in the hospital itself, but chiefly in the community.

Next to nurses themselves, doctors are the best judges of nursing. The thoroughly friendly tone of most of their statements should be balm to any who are sore in spirit. Some thoughtful nurses could doubtless have plotted a fairly accurate diagram showing that surgeons were most, and psychiatrists least, pleased with the care their patients are receiving, but here we have indisputable evidence that these things are so, evidence which must be taken seriously by nurses and by schools to the profit of both. So, too, could thoughtful nurses have formulated the statement that "doctors want intelligent, well-bred, well-educated nurses for their patients," but it would have had infinitely less weight than when based on actual statements by the doctors themselves.

No nurse and few doctors could pick up the book without finding some statement or some diagram that would set them to seeking for further information. Compare, for example, the data on floor duty and on the kind of service superintendents of nurses want. Floor duty is still highly unpopular in many places. Seventy-five per cent of the superintendents prefer student to graduate service. Why do superintendents not covet the services of the nurses they graduate? It is a question that requires more than a superficial or rote answer.

Part Two of the book is concerned with the implications of the data so carefully compiled and annotated in Part One. "The fact that nursing is an idealistic profession does not render it immune to the working of economic law," says the text, and proceeds to ask: "How are we going to provide adequate paid employment for nurse graduates?" The Committee on Grading has recorded its "deepest sympathy for hospital administrators who are struggling to render an important public service under serious financial handicaps. It believes that every legitimate aid should be given to secure public support for hospital service." It has put itself on record as holding strictly to two principles:

1. No hospital should be expected to bear the cost of nursing education. The education of nurses is as much a public responsibility as is the education of doctors, public school teachers, librarians, ministers, lawyers, and other students planning to engage in professional public service, and the cost of such education should come, not out of the hospital budget, but from public or private funds.

2. The fact that a hospital is faced with serious financial difficulties, should have no bearing upon whether or not it will conduct a school of nursing. The need of a hospital for cheap labor should not be considered a legitimate argument for maintaining such a school. The decision as to whether or not a school of nursing should be conducted in coöperation with a given hospital should be based solely upon the kinds and amounts of

educational experience which that hospital is prepared to offer.

The book is bulky; it can be read in snatches, but it should be read through, at least once, by every dissatisfied nurse, by every progressive nurse, by the doctors whose comradeship in the fight for health is one of the most cherished privileges of the nursing profession. It should be read by the doctors who are worried about the kind of nursing or lack of nursing their patients receive. It should be read by every person who has assumed the responsibility of membership in a hospital or public health board of directors or on a training-school committee. It will provoke discussion. It suggests solutions to many problems. It is offered for an exalted purpose by a committee of unusually thoughtful persons who have given many hours of careful consideration to the various facets of the social problems involved. That purpose will be fulfilled if professionals and non-professionals alike use its facts as a basis for further study, for experimentation, as a stimulus to further progress. Nurses? Nurses are already working on the data which have been released month by month in the pages of the *Journal*. They are already mobilizing to march forward to a new day in nursing—a day when nursing need and nursing service will more nearly coincide.

How Shall the Grading Committee Facts Be Used?

UNDOUBTEDLY the question uppermost in the minds of many nurses during the past year, as month by month they have read of some phase of the Grading Committee's study, has been where and to what do these studies lead? What have these questions of nurse employment, especially as they relate so largely to nurses in the private duty field, to do with the work for which the Committee on the Grading of Nursing Schools was appointed? All of it has been vividly interesting, and much food for thought is presented in the material showing the average earnings of the private-duty nurse, the annual earnings of other groups, and in the facts in relation to the illness of the workers. We have all experienced a sense of satisfaction in knowing that so complete and scientifically compiled information regarding the growth of nursing schools, the increasing number of nurses, their proportion to the population, the length of our professional life, etc., has been made available. But we are a practical-minded group on the whole; we like to see values in such material beyond mere information. The study is now completed; we are no longer in doubt, for its bearing on the future of nursing education is almost overpowering in its significance.

Part I of the Report, "Nurses, Patients and Pocketbooks," gives us fact upon fact, and in addition, opinions of many doctors, patients and nurses on the situation as each group sees it; every page contains facts which are helpful to an understanding of nursing in its economic relation to society. Facts are essential to a diagnosis, and without a diagnosis it is quite impossible to proceed in any effective way toward a remedy. Part II is not really essential to the study, but we are glad that the Committee did not stop its work with the gathering of facts, and that it has entered into a discussion of these facts and opinions. The Committee is in substantial agreement with Dr. Burgess, the Director of Study who wrote the book, in offering suggestions for experimentation looking toward remedies for the economic

ills of nursing which have so great a bearing on nursing education as a whole. For this contribution which the Grading Committee is making is as much a study of the present system of nursing education and its results, as it is a study of the schools. Whatever there is that is good, and there is much, whatever there may be which is poor, is the result largely of the system which exists and in which many have found themselves so entangled that but few have broken free. We have outgrown the system, which in many respects resembles that of apprenticeship. We are now on the threshold of new ways which must cherish certain invaluable relationships and practices, but cast aside that which is outworn. A study of other professions shows that each has passed through a similar stage of development.

The questions raised are not new. Many of us will say, as we read, "We know that." What superintendent of nurses does not know that she has had to think, always, in terms of patients to be cared for, rather than in the terms of experience and education of her students? What has determined the number of students in her school? Has it been the clinical material which was of educational value, the need for graduate nurses in the community, or the size of the nurses' home? Has it been the size of the smallest clinical service, the needs of the largest, or of the hospital as a whole? Have we ever graduated students whom we would have preferred not to have added to the graduate group? Who has not?

In the chapter on "Facing the Economic Facts," we are figuratively brought to attention when we are asked: "How are we going to provide adequate paid employment for nurse graduates?" Will nurses subscribe to the truth of the statement that many schools of nursing are run "not primarily to educate graduate nurses, but primarily to serve the administrative needs of the hospital?" The report suggests that "Nurses must consider ways and means for insuring that the number of graduate nurses admitted to the profession have a close relation to the amount of adequately paid work available for them." It asks the pertinent question whether we are training women for the fields into which, as graduates, they will go. We are given plenty of facts by which we can answer the question. It is suggested that we may well look into the qualifications of the young women who are entering our schools, for we are shown that "40 per cent of all nurses have never had more than two years of high school, and 11 per cent have never gone beyond the grammar grades." Have these facts any significance for us?

Many a superintendent of nurses will rejoice in thus bringing into the light the problems she is struggling with, so often without the understanding of the very people who should be helping her. We have been victims of a system which we have at times blindly helped to create. Hospital administrators will experience unnecessary pangs on their first reading of the book but, on taking thought, they will see no suggestion that the fundamental interdependence of hospitals and nurses should be changed. It is the system which is wrong. Once each group has accepted that fact and faced the issue with mutual good faith, there will be real hope for a healthier type of nursing service and one, therefore, which will be productive of good to hospitals and patients as well as to nurses. No

body, whether physical or social, is safe which has an unsound part. The nursing system, as organized today in many hospitals, is unsound. It behooves the hospitals quite as much as the nurses to see to it that health is restored. Part II indicates some possible ways of doing this.

We are a young profession. The urge for accomplishment is great, enthusiasm and energy carry over many obstacles. When the obstacles lessen or seem to lessen, and a measure of success is achieved, some of the glamour wears away and we are apt to drop into routine. This report, coming as it does from a study of facts viewed by fresh eyes from many fields of endeavor, gives us a glimpse of a new life for nursing. We still have an urge for accomplishments and there are obstacles in our path. Before us is a stimulating, energizing and compelling study. It is *our* problem. After all, it is not the chief concern of the educator, the doctor, the public, or even of the hospital, although each of these has a special responsibility and we can do nothing without them, but it is the nursing profession which must take steps to demonstrate that these obstacles in our progress can be overcome.

We shall all read the whole report and we shall read certain sections of it many times. We shall ponder deeply, and we shall act.

E. C. B.

Work

WHEN you work you are a flute through whose heart the whispering of the hours turns to music. Which of you would be a reed, dumb and silent, when all else sings together in unison?

Always you have been told that work is a curse and labour a misfortune. But I say to you that when you work you fulfill a part of earth's furthest dream, assigned to you when that dream was born, and in keeping yourself with labour, you are in truth loving life, and to love life through labour is to be intimate with life's inmost secret.

But if you in your pain call birth an affliction and the support of the flesh a curse written upon your brow, then I answer that naught but the sweat of your brow shall wash away that which is written.

You have been told also that life is darkness, and in your weariness you echo what was said by the weary, and I say that life is indeed darkness save when there is urge, and all urge is blind save when there is knowledge, and all knowledge is vain save when there is work, and all work is empty save when there is love; and when you work with love you bind yourself to yourself, and to one another, and to God.—From "The Prophet," by Kahlil Gibran.

Our Contributors

We have genuine satisfaction in publishing in this and the July number articles by **Dr. Paul Titus.** He has conducted important researches in toxemia in the Department of Obstetrics and Gynecology at St. Margaret Memorial Hospital, Pittsburgh, Pa. It is hardly necessary to remind our readers that the care of toxemias of pregnancy requires exquisite nursing skill.

Leonard X. Prior is a newspaper man.

In "Belief," **Dr. Barbara T. Ring** expressed a thought that we are glad to relay to the young nurses who are everywhere leaving our schools just now.

Our old friend **Elise Van Ness** says you can't possibly tell about District Headquarters in one article. Of course not! any one of the secretaries could fill many pages describing her constantly growing work.

Obesity Diets was written by **Miss Wood** as a "follow-up" of Dr. Nuzum's Hypertension article in the April *Journal*.

Ruth W. Hubbard, B.S., R.N., Army School of Nursing, '21, is Educational Director of the New Haven Visiting Nurses' Association where, under the leadership of the Director, Mary Grace Hills, hourly nursing and visiting nursing have been brought together.

One of the enthusiasms of **Elsa Maurer, M.A., R.N.,** Superintendent of Nurses at St. Mark's Hospital, New York City, is for the teaching of hygiene and the ways of health.

Stuart Chase is one of the authors of "Your Money's Worth" and **Mrs. E. A. Copeland** is Executive Secretary of the Association for Medical Progress. The *Journal* welcomes the article "The Nurse and the Quack" because it cannot too often emphasize the fact that modern nursing has the same basis as scientific medicine.

As nursing field representative of the Red Cross, working for several years in West Virginia, Kentucky, and Indiana, **Katharine Faville, B.S., R.N.,** obtained first hand knowledge of the rural work of which she writes so convincingly.

Cynthia Camblos, R.N., Orange Memorial School of Nursing, '21, says "since graduation my work has been largely with tuberculosis." She is now in the Veterans' Bureau Nursing Service, stationed at San Fernando, Calif.

Miss Deans, Western Secretary of the American Nurses' Association, told us of **Minnie Kreuger's (R.N.)** successful work in hourly nursing in New Mexico.

Beatrice B. Beecher of Plymouth Institute, Brooklyn, fulfills her promises. Ask her for suggestions about plays and inexpensive methods of producing them.

Alice Shepard Gilman, R.N., has promised us a series of articles dealing with factors in hospital construction that are essential to efficient nursing service.

Nurses are not always discriminating about the type of insurance they purchase. **Charles J. Fay,** who is connected with an extremely important insurance company, has endeavored to state the facts and thus give a basis for the selection of a contract.

Many people are looking for help with Case Studies. **Deborah MacLurg, B.S., R.N.,** supervisor of clinical instruction in the University of Minnesota School of Nursing has been very successful in securing the interest and coöperation of both the graduate staff and the student group in the new method.

We refrained from publishing **Miss Nutting's** paper for obvious reasons.

Mrs. Mary A. Hickey, R.N., writes of the American Legion, not from her desk as Superintendent of Nurses for the Veterans' Bureau, but from the vantage point of a very active member of the Legion. Mrs. Hickey is Commander of Jane A. Delano Post Number 6 (Washington).

In her editorial on the report of the Grading Committee, **Elizabeth C. Burgess, B.S., R.N.,** gives a seasoned opinion based on years of experience in teaching and administration and of much observation of schools of nursing when she was Secretary of the New York Board of Nurse Examiners. Miss Burgess is a member of the Grading Committee and of the faculty of the Department of Nursing at Teachers College.

No woman in the profession is more generous with her store of knowledge than is **Miss Goodrich,** Dean of the Yale School of Nursing, and few even approximate her in range and depth of interest. Her thoughts on Central Schools are more than stimulating.

Jane R. McLaughlin, A.B., R.N., has contributed a pungent and needed discussion of the teaching of obstetrics. She is in charge of the obstetrical and gynecological nursing at the Illinois Research Hospital, University of Illinois.

Furthering the Organization of Central Schools[1]

BY ANNIE W. GOODRICH, R.N.

IT is not the purpose of this paper to present a study of central schools of nursing, their history, present status, methods, or the like, important and interesting as the subject in its entirety is. The Committee on the Grading of Schools of Nursing will undoubtedly include this expression of nursing education in its program and we can therefore depend upon obtaining from them accurate information and analyses of this important trend.

At best, however, the Committee will require several years before a final report can be issued and while most helpful data is already being disseminated, we are so far behind the times now, as far as preventive medicine is concerned, that if we can expedite in any way the application of available knowledge, it is incumbent upon us to do so, as immediately as possible and through the best available means.

It is obviously desirable to approach the subject with a mutual understanding as to what we mean by or define as a central school. Since the schools in existence vary appreciably in their form or organization, we might better define our objective as a centralized system of nursing education—a system that may function for an entire state, county, or city, or may be limited to a number of schools within a given locality. For example, it may find its expression through a university school, such as the University of Minnesota School of Nursing, the oldest university school in this country. Here the 514 students are lodged in the dormitories and are rotated through certain required services of the four affiliating hospitals. Again the school may be under the jurisdiction of the local hospital and nursing organization; as for instance, the Philadelphia School for Teaching Preliminary Courses in Nursing Education which came into existence in 1922 with an enrollment of sixty students, representing ten hospitals. This school has a very representative executive committee and is considered to have justified its creation.

Other schools are organized under a council of coöperating institutions; for instance, the Utica and the Milwaukee schools of nursing. Of the latter the Director writes:

> . . . The School was organized in September, 1923, through the coöperation of four institutions: The Milwaukee County Hospital School of Nursing, Deaconess Hospital School of Nursing, Columbia Hospital School of Nursing, Mount Sinai Hospital School of Nursing. . . . These institutions are members of the Milwaukee Council of Nursing Education and send their students to the Central School. In addition we have one hospital that is not a member of the Council but which sends its students to us in our second year's work. . . .

Despite these varied and, I believe we may say successful, expressions of the central school, the movement is slow in developing. In the interesting and comprehensive presentation of

[1] Read at the convention of the Northeastern Division, American Nurses' Association, Providence, R. I., April, 1927.

"The Number of Nurse Training Schools in the United States" in the March issue of the *Journal of the American Medical Association*, the twenty-five university schools are tabulated; some of these would fall under this category, but there is no tabulation, indeed no mention, of centralized schools as such.

This might give rise to a question as to the advisability of promoting another expression of nursing education divorced from the educational system, particularly if I am correct in stating that there are already an appreciable number of university schools functioning as central schools.

There is no question but that the university is preëminently the institution to be charged with professional education and undoubtedly, therefore, the best expression may be looked for from the university schools. But are the less satisfactory forms of centralization likely to further the lodging of the nursing education in the university? And pending this achievement, are there advantages accruing? We believe that the reply to both these inquiries is affirmative.

What we believe may be furthered through a centralized system of nursing education, limited or comprehensive, is: First, a greater assurance that each student obtains the generally accepted basic professional content; second, that the subjects will be given by qualified instructors with adequate teaching facilities, as expressed in equipment and time; third, that the required field of practical experience will be based upon the community's needs and made available under proper educational direction; fourth, the clearing of the present confusion as to the cost of the nursing service to the hospital as a business and of nursing education, as such.

Let us consider briefly these desiderata.

First: Though of the 2,093 schools[2] of nursing, 92 per cent are in the general hospital and this group is 95 per cent of all enrolled, a study of the division of services and the nursing staff, as expressed in graduates and students, will reveal as impossible—(with one or two exceptions)—a balanced practical content in any of these institutions. Furthermore, in some 500 of these hospitals there are less than 40 beds.

Second: There is today almost universal provision for a preclinical period through which, in the fewest possible hours, the essential sciences must be given; each one of these subjects, Anatomy, Physiology, Bacteriology, etc., with the rapid changes in the field of science, obviously should not be taught by an instructor who is expected to cover several with a major in no one of them. Yet, this is a frequent requirement for obvious reasons. A nurse instructor who has majored in any given science would undoubtedly be the best interpreter of that subject in its relation to nursing. Such instructors are now in the process of preparing themselves, but a few hours once or twice a year do not justify this much-needed specialization.

A further and equally important development is the creation of nurse instructors in the various branches of medicine. The picture now being shaped presents every division of the nursing service of the hospital as a duplication of the staffing of the institution at large. The Superintendent of Nurses, Assistant, and Instructor, are now reproduced for the various medical branches as Supervisory Instructor, Head Nurse and Assistant. To such a staff, as such instruction implies, a small institution cannot

[2] Figures for 1927.

attain, but through centralization it can be achieved.

Third: With the advent of preventive medicine, other subjects and the enlargement of the subjects now included become imperative; for example, the hygienes, behaviorisms, nutrition are important inclusions in the course in Pediatrics; while mental diseases, tuberculosis, and the like should today be required subjects, not electives, and for these subjects either the theory or practice or both must be obtained through other organizations or institutions than the general hospital.

Fourth: While the assertion that the cost of nursing care through a school of nursing now equals or even exceeds the cost of graduate staff has not yet been proved, nevertheless the cost of nursing education is mounting rapidly. The demands of the curriculum are sufficiently disturbing to the hospital service to further the installation of graduate nurses in increasing numbers, and this is most desirable. But it is reasonable to hope that the central school may diminish, not increase, the cost of nursing education to the hospital while increasing the efficiency, shall we say, of the nurses, which is a desirable objective.

How may we further our project? A first important step in any city or state-wide program or policy in nursing education is to stimulate the interest of the members of the nursing profession itself. This has been true in relation to the development of projects related to the medical and other professions. Such participation does not mean necessarily giving of money, or to any appreciable extent, of time. It does mean understanding the problems involved and the means proposed for their solution. It does mean sincere approval of the scheme in order that no opportunity may be lost to inform the public and further the desired ends.

Of great assistance in furthering this particular project is the very evident integration of social effort and activity of which Cleveland, Ohio, as a city-wide project is perhaps the most outstanding example, but also such community projects as Health Centers, Community Chests, etc. But for the creation of a new enterprise or any radical change in existing activities, certain preliminary steps are necessary.

1. A small organizing committee of socially interested and experienced members of the community.
2. A survey of the factors entering into the project.
3. A publicity program to awaken the community interest and obtain coöperation.
4. The study of the financial problem involved.
5. Organization of the project itself.

Let us elaborate somewhat these five essential constructive procedures.

Organizing the Unit

IT has been well said that "a small group of adults in a single community seriously concerned about the value of creative living, is sufficient to alter the quality of the total community process." The committee I would have in mind would not be limited to either hospital board members or educators, but would represent both, and in addition, public-spirited men and women interested in health and social welfare.

The Survey of Factors Entering into the Project

I HAVE in mind, as of importance, not only a survey of the schools of nursing and hospitals in a given locality, but a far more comprehensive study of the community. Today with information easily available relating to these items and with our

highly organized health and welfare activities, accurate statistics and general information can be easily obtained as to the prevalent diseases, the changing means and methods of care, cure and prevention, the trends in education and their bearing, directly and indirectly, upon the health of the community and the nurses' relation to the problem.

To such an audience it is hardly necessary for me to illustrate, but in order that again there should be mutual understanding, let me touch upon the changes I have in mind. In less than a decade the content of the obstetrical course in its relation to the mother and child has enormously changed and expanded. I do not know how generally this change has affected the obstetrical course for the students within the majority of hospitals, but to a certain extent it has. From the standpoint of the community, care of the expectant mother has so far affected the general program as to represent 40 per cent of the visits of one of the largest visiting nurse organizations in the country to prenatal care.

Only comparatively recently has pulmonary tuberculosis been related to the early years of human life. For years it has been considered a disease related to adolescence and maturity, not to childhood, and certainly not found in infancy. How different the attitude today!

Another interesting statistical item of this same nursing organization is the per cent of cases relating to acute and communicable diseases. The latter are particularly childhood diseases; 40 per cent of the service represents literally thousands of cases. Comparatively few institutions give experience in this branch, though there is an increasing tendency to include the subject.

The most important objectives of the survey from the economic standpoint would be: First, to determine the field experience to be included in the basic preparation of the nurse, based on the sickness and health needs of the community. Second, the means whereby such experience might be obtained in that locality. By that I mean if an experience in pediatrics, in prenatal work, in mental disease, tuberculosis and the like is determined necessary through the survey of the locality in which the central school is to be organized, it should not be necessary to send the students to other communities or states to obtain such experience. Again and again, within a given locality, beginning with an institution of higher learning and ending with the uncovered sickness care and absence of health education, such as particularly would be present in an industrial community, there has been no way found except by transporting students over great distances to provide the theoretical content and field experience for these health workers needed so sadly in their own community.

Do not misunderstand me as believing that the *need* provides the means. The need, as providing experience, is an important factor, but only under *qualified instruction* and *supervision* can it be used as a teaching field.

One of the results of the survey should be to indicate a way through which available teaching fields *can* be made valuable with the least possible cost and the best results to the community. The survey should be made with the view to ascertaining the economic value of the nurse prepared not only to meet the general sickness needs of a community but to contribute to the public health program.

The inclusion of the various so-called specialties is sometimes felt to

endanger the program for a sound preparation for any given specialty. We believe that the comparative study of the generalized and specialized nurse in health service recently issued by the East Harlem Health Center Demonstration bears very directly upon this question. For those not familiar with the study, may I say that this was inaugurated in 1924, the second year of the demonstration. The generalized staff carried more cases than the specialized; they carried 98.6 per cent of the infants and 98.9 per cent of the pre-school children in the families they supervised. The specialists carried 96.1 and 95.1 respectively. The cost of the generalized service was $4.69 with an average of 5.1 visits; of the specialists, $6.93 with an average of 5.7 visits.

Again an important consideration is the avoidance of waste through inclusion in the basic courses of principles and methods, what should today be knowledge generally possessed. To illustrate, many of the conferences and a large part of the instruction included in the demonstrations to prepare the staff for generalized service and for the introduction to the visiting-nurse field should already be well-grounded knowledge.

The survey should make a comparison of the cost of the care of the patient in the institution and in the home. The per capita cost of nursing care per patient in our hospitals is low compared with that of the visiting nurse organizations, but the total per capita cost is markedly higher.

Since the community bears a very heavy share in the burden of the care of the sick, either in the institution or in the home, this question should be carefully studied. What I chiefly desire to indicate is that the education of the nurse, basic or graduate, is the community's problem and should be attacked as such. It is a very important branch of the country's educational system and should be studied as such.

The survey should include a study of the supply as expressed in the student body. What is the college enrollment? What the high school? What are the occupations that the graduates of these institutions are entering? Why today with the increasing enrollment in colleges and the exceedingly large enrollment in high schools, is the student still so frequently not a full high school graduate? Is four years of secondary work more than is required?

The Publicity Program

I AM not quite sure that with the prevalence of community chests and other coöperative schemes for the social and health work of the community of today, there is any special publicity program needed. I believe that an organized committee of the type I have indicated would find ways and means to incorporate into its present publicity the information relating to such developments as I am trying to indicate.

Financing

I BEGAN by indicating the slow development of central schools. I have not mentioned the rather general limitations of the centralization projects, such for instance as the successful school in Philadelphia, holding its program to the preliminary course, and not even including that important subject, perhaps preëminently important as far as standardization of nursing technic is concerned, the course in the principles and practice of nursing. Another is the small number of schools that have come into the combine, if we may use the term so.

The first and greatest difficulty relates to the provision by the hospitals in return for service rendered, of maintenance throughout the course, including the preliminary period, and whether the students are or are not rendering any nursing service during that period. The central school whose greatest contribution will lie in the teaching of the sciences must require that the students meet the cost of maintenance and probably pay tuition during that period. I think that those with whom I have corresponded in relation to the subject have, without exception, indicated this is the greatest obstacle in the development of these schools. This again raises the burning question of the economics.

Milwaukee Central School has financed the project in rather an original way, the Director writes:

> The four hospitals which are members of the Council send, together, nine Senior nurses to the City Emergency Hospital. These nurses take the place of graduate nurses at this hospital and are paid for their services by the city. This money, which amounts to approximately $8,100, is turned over to the Milwaukee Council of Nursing Education for educational purposes. From this you will see that we do not have an appropriation from the city, and the number of Senior nurses kept is constant, so our fund has not increased any. There are no financial contributions from the schools to the Central School of Nursing. The Milwaukee Vocational School supplies part of the teaching service and all the equipment, in addition to giving us classroom and laboratory space.
>
> The question of transportation is a vital problem in centralization of nursing education. Three of our groups of students live within walking distance of the school. One group comes from Wauwatosa which is a small neighboring town, and they require thirty to forty-five minutes' time to come in. The carfare of these students is paid by the Council from the fund previously mentioned. The last group of students require the same length of time as those coming from Wauwatosa. (The last group come from a hospital which does not belong to the Council.) All of our students reside in their home schools during their preliminary period. . . . We are beginning at the present time a study of budgets for the Hospital Nursing Schools connected with the Central School. Our students are greatly handicapped in their study and classwork because they do not have sufficient time to give to these things. It would seem that if we could arrive at a scientific estimation of our costs, we might be able to get financial assistance to help us in some way to reduce the time our students have to give to carrying the entire nursing work of the hospital. . . .

This, however, does not solve the problem of the maintenance of the students.

I am of the opinion that an appreciable number of the students could and should meet their maintenance expenses during the preliminary course, as well as pay a tuition fee. Desirable students might be provided for by scholarships and either a sum raised for that particular expense by the individual institutions, or a pooling of such sums might be a most effective way of meeting the need.

Organization of the Project Itself

To attempt to present a plan of organization is not only beyond the scope of this paper, but my ability to give the time and thought required, even if a particular locality were designated. I would, however, urge serious consideration, with a definite locality in mind, of a scheme based on the available facilities within the area selected. To be explicit: I cannot see why Rhode Island, a small state with a population of 693,000, covering a comparatively small area, with a university—not prepared, it is true, to establish a school of nursing, but through which instruction in the required sciences, it might reasonably be hoped, would be obtained—and with quite remarkable hospital and

health facilities and welfare organizations of outstanding reputation, should not, through a few far-sighted citizens, project such a plan.

I hear your just query, What about Connecticut? It is because the thought of a central school in Connecticut is ever with me that I am speaking on this subject today. One can see as an almost ideal scheme, as well as a social duty, a university school, in a very full sense, serving also through its carefully selected and highly qualified faculty, the surrounding community, by the provision of these educational facilities which it is not possible for the twenty-eight individual hospitals maintaining schools of nursing to secure. Nor would the advantages be altogether on the side of these hospitals. The twenty-six affiliating schools have made a definite contribution to the Yale School of Nursing but a more comprehensive and a sounder plan would jointly increase the advantages.

In my report to the President of the University this year I wrote as follows:

> This year has again brought an increase in the number of affiliating schools and in the number of students. In all, 179 students, representing twenty-six schools, have completed courses ranging from three months to a year. It is obvious that the affiliations covering the longest period are the most satisfactory from the standpoint of the nursing service to the hospital. This, therefore, has been an important factor in the acceptance of requests for affiliation; but so far as possible preference is given to the schools of Connecticut, in the belief that the eventual best result in the provision of nursing service to the community, whether through the hospital or in the home, will be found in an adjustment whereby the students in the schools connected with small hospitals through the state may obtain also through the University School the brief but important courses in the sciences which have become an essential foundation upon which to build the clinical experience. Such an adjustment would be in accord with the increasing tendency throughout the country to develop central schools, either through affiliation with a university, or the joint participation of the hospitals in the provision of theoretical courses, which would undoubtedly result in a sounder and more uniform curriculum at less cost.

Teaching Obstetrics to Nurses[1]

By Jane R. McLaughlin, R.N.

TEACHING obstetrics to nurses in twelve lectures, twenty hours of demonstration, and quiz and dispensary duty, is the task set for the present-day instructor. The lectures and demonstrations are given in the last half of the student's second year, while the ward practice comes sometime during the last year, and follows the operating-room training.

The lectures are given by a member of the medical staff, and may mean much or little to the nurses, depending on the lecturer's interest and his experience in teaching nurses. The older men who teach medical students, frequently enter into such technical detail that the subject matter of the lectures goes over the nurses' heads. They must get the essentials and a comprehensive insight into one of the broadest subjects in the nursing curriculum, not in two years, as does the medical student, but in ten weeks, the time allotted to this subject. On the other hand, the lectures may be given by a man not experienced in teaching

[1] Read at annual meeting of the Illinois State League of Nursing Education, October, 1927, at Mount Vernon, Ill.

either nurses or medical students, but a general practitioner, who enlarges upon the nurse's duties to her patient, the family and the community at large, without giving a clear outline of the subject of obstetrics. At the end of the course the nurse has heard about some very interesting and entertaining cases, but she has learned little obstetrics.

The well-trained doctor, just out of medical school, with no practical experience will, if interested, frequently give a much better course of lectures than does the older, more experienced man, who knows practical obstetrics but does not realize that a well-outlined presentation of the fundamentals of the subject must accompany the description of the illustrative cases. It seems to me that if the lecturer is of the interesting, story-telling type, an outline of the lectures to be presented should be submitted to the instructor or to the superintendent, in order that the subject may be adequately covered, on paper at least.

Collateral reading in standard textbooks should be encouraged and if time will permit, a short seminar discussion by members of the class may be prepared and presented.

Not enough stress is placed on the doctor's lectures. The nurse looks to him for the beginning of her obstetrical knowledge. He can either stimulate or inhibit her interest in the subject by lectures given in a clear, interesting, outline form, or in a hit and miss, non-technical rendering of the subject.

The nurse in charge of obstetrical instruction can be selected more easily than is the lecturer. There is no sense of obligation or limitation in choosing her, as there may be in providing the doctor who may already be on the staff. The instructor should know obstetrics from the nurses' point of view. She must have a thorough knowledge of normal and pathological obstetrics, gained through experience in various well-organized maternity departments. She should be in charge of the obstetrical department of the institution, for two reasons: First, to keep in close touch with the subject she is teaching; and second, to project the theoretical instruction of the nurses to the delivery room, the nursery and the wards.

The details of obstetrical nursing are very easily forgotten, and unless the instructor keeps in very close touch with the subject, she soon loses the keen edge of her teaching ability. Obstetricians report that a month or six weeks away from obstetrical patients makes a great deal of difference in the ease with which they detect fetal heart tones or measure cervical dilatation. Furthermore, a nurse who has had no other experience than her own hospital training, with perhaps a year's supervising experience in a small maternity hospital, is not qualified to teach student nurses. Obstetrical knowledge cannot be obtained from a book, as is true of materia medica. A nurse can learn more obstetrics from watching a normal case intelligently, under careful supervision than she can learn in the same amount of time applied to a book. Each labor, carefully followed and demonstrated, adds to the teaching experience of the instructor.

The instructor should follow a definite outline and fit the subject matter carefully into the time allotted to the course. The practical work should be stressed, and repeated clinics given, in order that the nurse may become familiar with the nursing procedures.

The demonstration course usually divides the subject into three parts—beginning with the postpartum care of

the mother, the care of the baby, and finally the woman in labor and her delivery. This is the logical sequence in which the nurse gets her ward practice. She spends three weeks in the wards with the mothers, three weeks in the nursery, and three weeks in the delivery room, with a three-weeks' period of night duty divided among the ward, nursery and delivery room. When the nurse goes to the obstetrical ward, careful bedside clinics should be given, with a close follow-up supervision. She may have known how to measure the height of a uterus and pin binders at the end of her course in June, but by September first she has forgotten whether the pins go across or up and down. The same is true of the nursery and delivery room technic. Only by repeated demonstrations will a lasting technic be acquired.

The question is often asked: Should nurses be trained to listen to fetal heart tones and make rectal examinations? Such training should be reserved for postgraduate instruction and for nurses preparing for supervising positions. I am opposed to nurses in training being made responsible for the condition of a baby, *in utero*. That is strictly the doctor's province and he has no right to put the responsibility on the nurse. The same is true of rectal examinations. I maintain that a well-trained obstetrical nurse can tell almost as much about the progress of the labor by keeping her obstetrical eyes, and her obstetrical ears open, as the average doctor can tell by rectal examination. Many times good obstetricians are mistaken in the estimation of the cervical dilatation or they are not able to locate the cervix rectally. On rectal findings, disagreement may occur between the doctor and the nurse which is often very unpleasant. For these reasons, I believe it is unwise to teach nurses a procedure which is so often unreliable, especially when there are so many other ways that the nurse, if she is well-trained, can judge the progress of labor.

An illuminating answer was given during an examination in obstetrics when the question was asked: "How can the nurse tell when a patient is in labor?" One nurse answered, "When the head appears on the perineum." How many of us can recall instances where, after a rectal examination, the doctor has reported almost no dilatation and with the next pain the scalp showed.

In addition to these essentials, several desirable factors may be considered. The equipment for teaching obstetrics to nurses in most training schools is inadequate. If projecting apparatus is available in the hospital, a set of fifty or one hundred slides, illustrating the lectures, may be very valuable. When the course is given to nurses in the various university hospitals and elsewhere, whenever possible, manikin demonstration may be arranged in connection with the lectures. In the future, moving-picture reels will probably have a place in this connection.

Conclusions

I. An interested and competent lecturer should be secured for the course.

II. The teaching supervisor whose experience embraces at least two years of postgraduate training, preferably in several institutions, should be selected.

III. A carefully-prepared outline for both the lectures and the practical demonstrations should be followed.

IV. Collateral reading and frequent seminars should be encouraged.

V. The theoretical work should be carefully followed through into the wards, nursery, and delivery room.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

Dr. Benson Y. Landis, in his book, "Professional Codes," brings out three points, valuable for consideration of codes. Under the heading, "The Functioning of Professional Codes," he writes, as follows:

"1. Protection. Protection of the profession, as well as protection of the public, should be frankly regarded as one of the primary objectives of the professional code. The framers of professional codes are apt to make only lively professions of their idealism and of their desire to serve the public.

"2. Integrated organization. It is common for some of the writers of professional codes to say glibly that "group opinion" will take care of violators of the codes. But this "group opinion" usually does not function when there is no machinery through which it can function. This is precisely the difficulty at present in some of the newer organizations, notably those among business men and educators. The same criticism may also be made to a less degree of the organizations of lawyers and physicians. Incompetent teachers in certain positions and autocratic administrators of education are often condemned or deplored, but there is usually no adequate machinery among educators to lay hands on them. There are two essentials here: One is the "local contact group" where the professional gossip may flourish and professional standards may be informally discussed; the second is the need for an agency such as the state education association, which can take up a local situation in a detached way, investigate a dispute or an alleged violation of the code, and make a judicious decision. The state association can also give publicity to the code and stimulate discussion of it.

"3. A Code of Specific Rules. The evidence is that the highest degree of control is achieved by those professions which have (a) integrated organization, with developed machinery for control, and (b) a code containing clear definitions of situations. The precise trade union rules probably again offer us a good illustration of an effective way of defining a situation. Those of the accountants, architects, realtors, and art directors are good illustrations."

Some Points Raised by a Physician

In an address given to the Kalamazoo District Association (Michigan), Dr. Manwaring asked:

1. Are our nursing organizations going too far in demands to the hospitals for changes and additions as, for instance, the curriculum.
2. Do our leaders of nurses confer with hospital executives when radical changes are instituted which deeply concern hospitals and training schools?
3. Will anything physicians have to say in regard to phases of the nursing situation, as regards nursing education, etc., have any weight with our nurse leaders? Do we ask their judgments?
4. It is noted that we do not seem to give much discussion to the standard of care given patients.
5. Are we giving enough attention to the effect of personality and applied psychology, as regards our patients.
6. The question is raised, are we forgetting that nursing is an art as well as a science?
7. Is it true, and if so how far is it true that the leaders of nursing are advocating and making the following the desires of organized nursing:

(a) To free the training schools as far as possible from the control of physicians, and in some ways from the control of hospitals.

(b) To abandon the apprenticeship method of learning the nursing art.

(c) Is the tendency of the curriculum away from the bedside? Is routine as an educational factor being understressed?

(d) Is the purely personal service, which is so large a part of the work, becoming a bore to the nurse?

(e) Has the elaboration of the training of nurses become dangerously topheavy? Has it increased the cost of training almost to a prohibitive point?

(f) Is it true that we seem to have no ideal of service, in many of our training schools? Are we getting too much ethics, and not enough personal examples in the lesson of selfless service?

(g) Are we showing a tendency to cut contact with the patient to the minimum, are we having too much teaching away from the bedside?

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

VOLUNTEER SERVICE BY LOCAL COMMITTEES IN TIME OF DISASTER

THE promptness with which Local Committees on Red Cross Nursing Service respond when nurses are needed for disaster work has always seemed to the National Office little short of miraculous. Overnight, names of nurses, in adequate numbers, ready for duty will be wired into National Headquarters. We have many times wondered how much actual time was spent by these busy Committee members in securing these pledges of service.

Replies to a circular letter of inquiry to the Committees in the states east of the Mississippi, affected by the serious flood of 1927, confirmed our hitherto conjectural ideas. While it is difficult to state the exact time in hours, Miss Beddow, Secretary of our Committee in Birmingham, Ala., states that she and the Chairman, Linna Denny, "were on the phone all of one day and the greater part of two others."

Emma Isaacs, from Louisville, Ky., writes: "Miss Coady, the Chairman, was given two days' leave of absence and spent almost all that time locating nurses. . . . We were both busy the greater part of four days."

Sue Parker, Lexington, Ky., estimates the time spent as "one and one-half days."

From Hattiesburg, Jennie Cameron, Secretary of the Mississippi State and Local Committee, writes that she consumed "about three full days lining up nurses . . . there were endless demands upon my time . . . packing boxes of supplies, acknowledging donations. All this occupied attention for about three weeks. A private duty nurse (name not sent) wrote about fifty letters for me. . . . My Sunday School class worked one afternoon sending out letters."

Lulu C. Robley, Secretary of the Committee in Memphis, Tenn., states: "We worked two or three hours each day for many weeks. . . . We tried to be on call all the time."

Edna R. Irby, Secretary of the Knoxville, Tenn., Committee, makes light of her service and states "it took us less time than usual."

Fanny O. Walton, then Secretary of the Nashville, Tenn., Committee, writes:

> The first call asking for nurses with special public health experience occupied a short time, as I only called those who were on our public health list. The next morning I called a meeting of the Local Committee, in order to consider a second telegram, asking for colored nurses. These were secured from the Nashville Council for Public Health Nurses, from Mrs. Iva Uffelman, the Director, who is also a member of the Local Committee, so it was not very difficult, nor did it take very much time. As soon as it was known that nurses were needed, many volunteered—quite a number that were not enrolled. It took more time replying to these than it did in securing the nurses that were actually needed.

The committee members are inclined to underrate the service rendered by them at such times. When one stops to consider that the committees are composed of nurses, the majority of whom are engaged in some other line of work, these extra calls must of necessity consume the time that should be given to rest, yes, even sleep. We can recall no finer type of volunteer service ever rendered to the cause of humanity, under the emblem of the Red Cross.

Reports of the Delano Rallies

As we read through the reports of the Delano Recruiting Week which are reaching the National Office, our pride in the Red Cross Nursing Service increases. It would be impossible in the brief space accorded to this department to describe these in detail. They range in character from pageants, plays, tableaux, to beautiful memorial services held in churches and great rallies in which thousands of nurses have taken part, which have also been witnessed by many hundreds of others. A wonderful collection of programs, outlines of plays, pageants, etc., are reaching National Headquarters. These will be classified and will be found useful in connection with future plans. Innumerable copies of papers written by student nurses on the life of Jane A. Delano or on the Red Cross as an organization, or the Nursing Service, have also arrived. As one glances through these, one is struck by the seriousness dominating these youthful authors. Occasionally the eye catches a statement which needs to be brought into line. For example, one paper stated that "Miss Delano lies buried on a hill in Brittany." While her body rested there for over a year after her death, it was ultimately returned to the United States and was interred in the beautiful military cemetery at Arlington, Va., where thousands of the victims of the Civil, Spanish-American and World War have been laid to rest.

Nurse visitors to National Red Cross Headquarters frequently ask where the grave may be found. It is not difficult to locate it, for it is adjacent to the plot assigned to the Spanish-American War Nurses and is on the right-hand side of the drive leading from the south gate, through the cemetery, to the old Lee Mansion. Each year, on Memorial Day, special services are held on this hallowed spot for all nurses who lie buried there, while the graves are decorated with wreaths and flowers. If by any chance a visitor to Arlington has difficulty in locating the grave, the Superintendent may be found at the Lee Mansion, who is always willing to tell where it may be found.

Another paper spoke of "the Delano Scholarships." I presume this writer had reference to the Delano Red Cross Nursing Service, which is a memorial to Miss Delano's mother and father. This was provided for through the will of Miss Delano, partly by a legacy of $25,000, and partly from the income of the sale of the textbook on "Home Hygiene and Care of the Sick." This fund is used to maintain one or more public health nurses in isolated communities that are without adequate public health nursing service. Description of these services have, from time to time, been published both in the *Red Cross Courier* and in the *American Journal of Nursing*.

Practical Results of Rallies

During the month of March, 222 nurses were enrolled. This is one of the best evidences of interest aroused by these meetings. Our Local Committees advise us that many applications are in their files awaiting completion. It is also interesting to note that many nurses who filed applications some years ago, but never completed them, are now renewing them. Some nurses who have been disenrolled, because of their failure to answer the annual questionnaire for several years, are asking what steps they should take to reënroll. In such cases a new application is usually required. If upon investigation it is found that the applicant is married, over age, enrolled during the war when

the standards were lowered, or is not a citizen, no encouragement is given. If, however, we find that the applicant is eligible as far as all these points are concerned, papers will be sent and the application treated as a new one.

Some Complications of Citizenship

WE are finding that a considerable number of nurses who applied for enrollment, filing at the time "First Papers" of application for citizenship, and were enrolled, have not completed this formality. Inasmuch as this enrollment serves as the reserve for the Army and Navy Nurse Corps and full citizenship is a requirement for these two services, it is most important that all nurses who enroll should either be citizens, or if they have filed "First Papers," they should have completed this formality, otherwise they would not be eligible for service in case of great emergency, whereby these two departments would need to call upon the Red Cross for additional nurses. Because of the difficulty which we are experiencing in this particular, it may be necessary for the Nursing Service of the American Red Cross to be even more strict in its requirements in this particular.

It is obvious that a check on this becomes a matter of some clerical importance as it is prolonged over a period of two or three years. When we decided to accept "First Papers" it was our belief that we could rely upon the good faith of those who applied to complete this formality. It has, therefore, been a real disappointment to find only too frequently that application for citizenship has not extended beyond the filing of "First Papers."

Florence Nightingale Medal

THIS medal is issued by the International Committee of the Red Cross in Geneva, Switzerland, to individuals recommended by National Red Cross Societies. Twelve medals are issued biennially.

As the medal is rather large, some of the recipients have not enjoyed wearing it. Therefore, the Committee has issued a replica in miniature which can be inconspicuously worn.

The following American Nurses have received this medal: Helen Scott Hay, Florence Merriam Johnson, Martha M. Russell, Linda K. Meiers, Alma E. Foerster, Mary E. Gladwin, Lucy Minnigerode, Clara D. Noyes and Alice Fitzgerald.

Enrollments Annulled

THE enrollment of the following American Red Cross Nurses has been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters, and their return is requested when enrollment is annulled: Mrs. Robert Blair, formerly Mrs. Pearl Agnes Brewer; Agnes MacDonald; Ann Margaret MacKinnon; Mrs. Keith C. MacRae, *née* Vera E. Roberts; Alice M. McBeth; Mary Elizabeth McDonough; Mary McEntee; Mrs. Mary Agnes McFarland, *née* Wellman; Lucy McGarry; Mrs. A. A McGregor, *née* Hilda Kent Burton; Mary Taylor McIntire; Mrs. Jennie M. McKinsey, formerly Mrs. Jennie Riles Terry; Mrs. James McKissick, *née* Dora Sutherland; Mrs. Elma McNair, *née* Berda Oliver Gilliam; Jane Elizabeth McNulty; Mabel Major; Jennie A. Malmgren; Ella B. Malone; Martha Marsden; Mrs. H G. Mason, *née* Olive Beatrice Brown; Mrs. J. Matheu, *née* Katherine Prendergas; Mrs. Celestine Mayo, *née* Bedolla; Mrs. Roy Meade, *née* Maude Owen; Leota L. Merry; Mrs. Roy Miller, *née* Agnes Grimshaw; Wilhelmina Miller; Mrs. Anna T. Monel, *née* Buckley; Mrs. J. C. Moody, *née* L. Rose Meyer; Frances R. Moore; Willie Irene Morrow; Mrs. Sarah Peal Munro, *née* McCloud.

Questions

16. What is the present distinction between contagious and infectious?

Answer.—"Contagious and infectious are popular terms which lack scientific precision. The words have been used in very diverse senses.

"A *contagious* (contingere, to touch) disease is one that is readily communicable, in common parlance, catching. Formerly a contagious disease was considered one which is caught from another by contact, by the breath, or by effluvia. A contagious disease implies direct or personal contact. If contagious diseases are limited to those contracted by direct touch or contact, as the etymology of the word signifies, only syphilis and diseases similarly contracted would be contagious. As a matter of fact, smallpox, measles, and influenza are types of contagious diseases, as the term is now usually understood.

"An *infectious* (inficere, to put in, dip in, or mix in) disease is usually considered as one not conveyed directly and obviously, as in the case of contagion, but indirectly through some hidden influence or medium. In the days when specific febrile diseases were regarded as caused by miasmata and noxious effluvia, the terms infectious and miasmatic diseases were more or less synonymous. Typhoid fever was often taken as a type of an infectious disease. Malaria was the type of a miasmatic disease.

"These distinctions are entirely artificial, and serve no useful purpose. Most of the communicable diseases may be transmitted from the sick to the sound in several ways. Infectious diseases may be contagious, and contagious diseases are infectious. Dividing diseases into those which are contagious and those which are infectious entirely leaves out of consideration the important class of insect-borne diseases. The terms contagious and infectious have always lacked precision and have been the source of some confusion. The word communicable is a much better term and should be given preference.

"A *communicable* disease is one caused by a specific virus transferred in a variety of ways. The term communicable ignores the mode of transference. There is a great difference in the degree of communicability; some diseases are readily communicable, others transmitted with difficulty. The evidences of communicability are not so obvious in chronic infections, such as tuberculosis, or in diseases with a long period of incubation, such as typhoid fever. The relationship between one case and the next is often far removed in time and space. If tuberculosis were an acute infection like diphtheria it would be popularly regarded as being just as contagious as that disease."—From "Preventive Medicine and Hygiene," by Milton J. Rosenau, M.D.

17. Can you give me some suggestions for planning a diet for rheumatism?

Answer.—With arthritis or rheumatism, the first thing to do would be to ascertain the cause. The condition might result from an infection from tonsils, teeth, intestinal tract (constipation) or from acidosis. If the cause is acidosis you might expect an order for foods that would give an alkaline reaction, such as oranges, grapefruit, apples and fresh vegetables of all kinds which should be in the diet twice a day at least. White bread should be eaten sparingly and meat only once a day. This diet would also help the constipation.

BERTHA M. WOOD.

Too Late for Classification

Mississippi: The MISSISSIPPI STATE BOARD OF EXAMINERS OF NURSES will hold examinations in Jackson, July 2 and 3. Applications may be secured from the secretary-treasurer, Maud E. Varnado, South Mississippi Infirmary, Hattiesburg. All applications with credentials must be sent to the Secretary before June 18.

Massachusetts: The MASSACHUSETTS STATE NURSES' ASSOCIATION will hold its twenty-fifth annual meeting on Saturday afternoon, June 16, at Huntington Hall, 491 Boylston St., Boston, when Dr. Clarence L. Scamman will discuss "How Does the Mass. State Dept. of Health Serve the Nurse as Citizen?" The State League will meet at 9.30 a. m. at Parish House, Trinity Church; speakers, Dr. Wayland F. Vaughan and Paul E. Johnson. The Private Duty Section, same time and place; papers on "The Resident Nurse in Private Schools and Colleges." Public Health Section, same hour, Huntington Hall; Demonstration of a Mothers' Class.

Case Study in Contagion

By Mildred Youngberg

School of Nursing, University of Minnesota

Miss C. was admitted to the contagious department of the General Hospital, December 1, 1927, with the diagnosis of diphtheria. Her address is 1505 C. Avenue, at the home of her aunt, Mrs. C.

Miss C. is twenty-two years of age and is a saleslady in a department store. She is single and does not have any dependents, though when she is able, she sends money home to help her family who live in a small town in Wisconsin. There are eight children in the family, Miss C. being one of the older ones. Due to ill health of her mother, she and the other children are obliged to take considerable responsibility in the care of the home when they are there.

In her younger days, Miss C. did not confide a great deal in her mother about her social affairs because she felt that her mother was suspicious of her. Her mother imagined that she was going out in the evenings with young men, when in reality she was with other girls. Also, her mother was very particular that all her children were always in bed by 9 o'clock and would sit up to wait for them and reproach them when they came in. So she formed the habit of crawling through her window to leave in the evening and would return in the same way. While in the hospital, she seemed quite reticent and undemonstrative most of the time, probably as a result of her earlier environment.

Miss C.'s general health has always been good. She had measles when a child and influenza in 1918. She has no history of protein sensitization, or of serum therapy, has had no operations, and has colds and sore throat infrequently. After her menstrual period preceding her entrance into the hospital, she noticed quite a profuse vaginal discharge. She went to her doctor who told her that she had an ulcer of the uterus and gave her a few treatments. As she became better, she did not go to him again.

The acute symptoms of Miss C.'s present illness began as a sore throat on Sunday, November 27, 1927. Previous to this, for several weeks, she had felt "all tired out" and could scarcely stand a day's work. As the sore throat persisted, and had been bleeding more or less for a week, she called a doctor who took a culture of her nose and throat and found positive diphtheria. Her throat remained quite sore until Wednesday, November 30, 1927, and then gradually became better.

The subjective symptoms, as given by the patient, were: a sore throat, general malaise, and a slight headache; and the objective symptoms were: a reddened, injected and moderately edematous palate and pharyngeal mucosa, and a dirty, grayish membrane over the mucous membrane of her throat and tonsils.

Diphtheria is a contact disease, and in order for anyone to contract it, he must receive the germs of diphtheria into his nose or throat from the secretions from the nose and throat of someone with a positive culture of diphtheria. Miss C.'s friend had had a

sore throat for two weeks before she noticed her symptoms, so it is probable that she contracted the disease from him, although his culture, taken after his symptoms were over, proved negative.

Miss C. had three specimens of urine analyzed, all these being cloudy instead of clear as is normal. The first specimen was alkaline in reaction, instead of being slightly acid which is normal. Also, the first specimen showed a slightly high specific gravity of 1.6, while the normal is about 1.005. So we find that the analysis of her urine showed it as practically normal.

Upon entrance, Miss C.'s skin was slightly erythematous and blotchy over the anterior and posterior chest. Her tonsils were fairly large and cryptic, and dirty, grayish membrane, the size of a quarter, was over her left tonsil. Her neck was normal except for slight adenopathy. Otherwise the physical findings were normal.

Miss C. was a strict bed patient, as rest is one of the most important treatments in diphtheria. Fluids were forced in order to promote elimination through the skin and kidneys of the waste products of the body and to neutralize the toxins in the blood stream which are produced by the diphtheria bacilli. She was given a light diet of nourishing food as milk, cocoa, soups, vegetables, and so forth, and had oranges or orangeade between meals.

Every other morning Miss C. received a bed bath. Baths are given in order to: first, cleanse the skin of external dirt and of the dried secretions which form on the skin; second, to relieve the patient of heat; and third, to make her more comfortable. During her illness, Miss C. was given one enema, a solution of soda bicarbonate, to relieve constipation. It was effectual.

Applications of cold check the growth and activities of bacteria because bacteria are made up of protoplasm which needs warmth for development. Also cold, if prolonged, deadens nerve endings and thus destroys sensations. So an ice collar is used in diphtheria to contract the carotid arteries in order to check inflammation and congestion and to prevent or reduce swelling. The ice collar also relieves pain. Miss C. was treated with an ice collar, as well as with nasal oil, three times a day, and Dobell's gargle, four times a day, all of which gave her a great deal of relief.

Nasal oil, which is composed of menthol, camphor, methyl, salicylate, eucalyptol, oil of cinnamon and liquid petrolatum, is soothing to the mucous membrane of the nose, and clears the nasal passages rapidly, allowing much greater freedom in breathing.

Dobell's solution, which is composed of sodium borate, sodium bicarbonate, liquefied phenol, glycerine and water, was given as a gargle at a temperature of about one hundred to one hundred twenty degrees, or as hot as she could stand it. Dobell's is an alkaline antiseptic. When used as a gargle it helps to soften the mucous and removes accumulated secretions and discharges from the mucous lining of the throat.

On the 15th of December, fifteen days after her admittance, Miss C. was allowed to sit up in bed fifteen minutes, twice a day, and the next day, thirty minutes, twice. On the 17th, she was out of bed fifteen minutes, twice a day, and on the 18th, was discharged having had several successive negative cultures.

In diphtheria, the diphtheria toxin is absorbed and circulated through the body. Antitoxin is produced by the body, but not always in a sufficient

quantity. Therefore, one of the most important treatments in diphtheria is the administration of antitoxin, in large quantities, at as early a period as possible after the onset of the disease. If every case were given the antitoxin within two days of the onset, the toxins in the body would be neutralized and there would scarcely ever be a death.

Antitoxin is a straw-colored liquid, heavier than water. It is usually clear, but may be cloudy. The clear should be used for intravenous injection because it is safer. One unit of antitoxin is that amount which will protect a guinea pig weighing 250 grams against one hundred times a fatal dose of diphtheria toxin. One c.c. of serum contains about 1,000 units of antitoxin. The antitoxin must be kept on ice from the beginning or its value will decrease. Before use, antitoxin should be warmed slightly, but not too much, because some of the serum will coagulate and so the syringe will stick. The antitoxin should be instilled slowly because it is very painful if given too quickly.

Antitoxin is given in two ways, intramuscularly and intravenously. An intramuscular dosage is from 5,000 to 40,000 units, depending upon the severity of the case, while an intravenous injection is from 10,000 to 20,000 units. Ordinarily, an intramuscular injection is better.

The best place to give an intramuscular injection is the outer side of the thigh, because this part of the body contains a large amount of muscle and a small amount of subcutaneous tissue, therefore little fatty tissue. In fatty tissue, there are few blood vessels, and absorption would be too slow. Also, the injection in the thigh is more comfortable for the patient and there is less danger of infection here than elsewhere.

Upon entrance, December 1, 1927, at 4.30 o'clock, Miss C. was given 20,000 units of antitoxin. The antitoxin checks the spread of membrane, softens and loosens it, reduces swelling and improves the general condition.

In a few days the membrane had disappeared from Miss C.'s left tonsil, but became present on her right. So she was given 20,000 units more of antitoxin, December 7, 1927, 10,000 units intravenously and 10,000 intramuscularly. She did not have any ill effects, as a chill or urticaria, as a result of the serum.

Miss C. received but little medication while here. The first evening she was given Aspirin gr. x and Codeine gr. i (m.) at 9.30 to relieve pain and to quiet her. Aside from this, she received mineral oil, one-half ounce, on December 4, and milk of magnesia, one ounce, December 7, which act as a laxative.

All contagious patients are first put in a room by themselves until their diagnosis is certain. Then, if their condition permits, they are moved into wards where there are others with the same kind of disease. Miss C. was moved to a ward after a few days. Here, she was much more contented, as she had someone with whom to visit. She was given magazines and papers to read and was allowed to write letters which helped to keep her from being lonely.

The technic of isolation requires that the individual who has any contagious disease is in a small unit, and nothing which comes in contact with that unit is carried beyond it. When we learn that a patient is coming, we prepare a room with as few articles as are necessary. There is a bed with a sheet and pillow, a stand upon which we place a basin and mouth-wash cup, soap dish with soap, toilet paper, washcloth, and pitcher and tube for

drinking water. On the shelf we place a thermometer in a cup and on the chair we place the bed pan with a cover. There is a basin of lysol in which we put rubber bands and safety pins. A paper bag is pinned at the head of the bed, and a gown is hung on a hook near the door. There is nothing else in the room except a bathtub and a wash basin. After the patient comes into the room, nothing is carried from it that is not sterilized in some way, the dishes by boiling, the enamel ware by scrubbing with green soap, and so forth. When the nurse cares for the patient, she wears a gown and after removing it, she hangs it on the hook in such a way that it can again be used without contaminating whoever puts it on. Then she goes outside to the scrub room and scrubs her hands for three minutes.

During this case study, I have learned that pharyngeal catarrh and hypertrophy of tonsils increase susceptibility to infection. I have learned that the incubation period for diphtheria is from two to five days and that the patient is infectious from the beginning of symptoms until cultures which are taken from his nose and throat are negative. Also, I have learned that most persons are free from germs within a period of from fourteen to twenty-five days, after having diphtheria, though not always, for they may become carriers for months.

I have learned that the temperature is not greatly elevated in diphtheria. Miss C.'s highest was 101 degrees at 8 p. m. on December 2, and about normal the rest of the time. Her pulse ranged between 70 and 80 most of the time.

I have learned that most patients do not suffer greatly from diphtheria after a few days, if they have received antitoxin early. The only complaint which Miss C. offered was that she felt tired.

I have learned that the membrane which forms in the throat of a diphtheria patient is composed of necrotic tissue, leucocytes, and bacteria, which give it the dirty, grayish appearance.

I tried to teach Miss C. why she should be quiet during her acute illness, and why she should not exert herself later until she was sure that she was strong enough. I tried to teach her the benefit of taking a great amount of fluid during an infectious disease.

As diphtheria is a disease in which there is local infection with a generalized toxemia, every cell of the body becomes poisoned. Thus the body of the convalescent patient is in such a weakened condition, that it is susceptible to complications which may be cardiac weakness, paralysis, especially of the soft palate, otitis media, and bronchopneumonia. So after having had diphtheria, every convalescent patient should be very careful not to overexert himself for a long while, and to eat good, wholesome food to build up his bodily tissues.

REFERENCES READ

1. "Infectious Diseases and Aseptic Nursing Technique," Richardson, pp. 25–39.
2. "A Manual of the Practice of Medicine," by Stevens, pp. 354–359.
3. "The Principles and Practice of Nursing," by Harmer, pp. 486, etc.
4. Osler's "Modern Medicine," Volume I, pp. 705–745.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the names and addresses of the authors, though these need not be published.

Students and White Uniforms

I WAS interested in the answer to the question: "Should student nurses be permitted to wear white uniforms?" The answer, it seems to me, might be an unjust criticism of the motive of those who have adopted the white uniform for student nurses. White is no longer *symbolic*; it is worn by waitresses, maids, office girls, dietitians, physical therapy workers, graduate and undergraduate nurses, attendants and practical nurses in hospitals and other institutions, and there is no law which prevents it. The statement "The accusation, whether spoken or mental, is, 'They must be trying to mislead patients as to the status of the students'" is one which contradicts itself when we realize that the newly accepted probationer dons the uniform of the school and, after four months, may mislead the patient as to her status, also; she may be taken for a Senior or a Junior student. The time has passed, I believe, when patients are deceived either by nurses or doctors. The modern patient knows more of hospital conditions than those "with firmly fixed ideas of the old traditions" realize. Many schools at present are torturing their students with the old type of tight-fitting uniforms, aprons, and stiff collars and cuffs. We live with the times and such uniforms are uncomfortable and obsolete. White is economical; the one-piece uniform gives comfort and ease to those who are required to wear such clothing for eight to ten hours daily. Because our grandmothers did thus and so, fifty years ago, does not mean that we must do as they did then. They even do not live with such "firmly fixed ideas." A school of nursing should not be put under the "shadow of suspicion" for its independent views as to the comfort of its students.

K. G. K.

A Reply to "Municipal Nursing"

I

AFTER twenty-eight years of private duty I am just as fond of people and their troubles as I was in my early nursing days. I was trained at "Old Penn" (the Pennsylvania Hospital, Eighth and Spruce Sts., Philadelphia). It was a Quaker hospital under English discipline. Our superintendent of nurses, Lucy Walker, gave us high ideals based on the favorite Quaker text, "Take care of him; and whatsoever thou spendest more, when I come again, I will repay thee." Special classes of work may be fascinating in some respects, but I think that the home is the place in which a nurse is really able to render the most service. I have never felt that private duty was "full of grief." There have been many occasions on which all the members of the household have unburdened their worries upon me, but it has been part of the task, in which I have taken satisfaction, to render help and comfort to each one according to his need. I have made many friends among my patients and I have received my full share of appreciation. There is no home in which I have served to which I would not gladly go back to be of further help and to render many more hours of service in case of need.

P. D.

II

THE private duty nurse knows a little about problems which arise, seemingly, from out a clear sky. I'll admit, however, hers are easy compared with those of the municipal nurse, because the latter meets the very poor folks, as a rule, also the least educated. No sooner is the nurse's back turned than the family is doing the same old way—their method. The private duty nurse is on the job all the time and sees to it that the doctor's orders are carried out. As for the education of the private duty nurse, some of us have been educated in the homework problems, by marriage, before our nurse's course. Others like myself, have tried the training for public health work and did not get interested in the practical experience, mainly because of the family—its disregard of orders, appeal to the social worker. I have attended George Peabody College and I have had three postgraduate courses. I think I prefer private nursing, any time, to municipal nursing, because I do not like to be continually nagging, as it were, to get results. The municipal nurse certainly has the hardest task, with less time for recreation which she so much needs. As for salary, she must spend part of it for the upkeep of her automobile; as for the steady job, that certainly is true, with occasional hours thrown in for good measure. I have plenty of time for diversion, sewing, good books, movies, vaudeville, charity visits to the Home for the Aged—all of which make me fit for work and I enjoy it.

K. E. S.

A Soothing Enema Substitute

WHEN nursing a patient with any kind of abdominal disturbance, where it is imperative that the intestines be kept clean, yet left quiet as much as possible, I have found that using flaxseed tea instead of the ordinary soapsuds enema has far better and more soothing results. It acts almost like oil but has none of its disadvantages.

H. H. B.

Another Congested Nursing Field

THE Trained Nurses' Association of Denver suggests that all nurses contemplating locating in Denver should acquaint themselves with nursing conditions here. The field is crowded at present and there are many idle nurses.

E. W. Lankow, R.N.
Cor. Sec., Trained Nurses' Association of Denver.

Journals on Hand

IOLA M. SHORPLESS, 11 Hubbard Court, Charleston, W. Va., has the following *Journals* which she will sell for 10 cents each and transportation: 1911, December; 1912, all except Sept. and Oct.; 1913, complete; 1914, Jan., March, June, Oct.; 1915 and 1916 complete; 1917, Dec.; 1922, Aug. through Nov.; 1923, Jan., Feb., June through Dec.; 1924, 1925, complete; 1926, all except March; 1927, complete.

Sister DeCary, St. Vincent's School of Nursing, Toledo, Ohio, will send the following copies for the postage: 1922, May, July, Sept. through Dec.; 1923, Feb., March, April.

Florence A. Rutherford, Box 562, El Paso, Texas, will send the following to anyone paying postage: June, 1925, to May, 1926. Miss Rutherford will pay postage to anyone sending her these copies: 1926, Aug., Sept.; 1927, Feb.; 1928, April.

ALL the world knows that Greta Ferris, a graduate of the Hartford Hospital School of Nursing, was one of the Grenfell Mission workers to "mush" by dog team to the aid of the heroic crew of the *Bremen* when it came down on Greenly Island. She radioed the news, for which the world was avidly waiting, to her home-town papers in St. John, New Brunswick. The world at large was surprised; nurses were not. Miss Ferris lived up to the traditions of nurses and of that notable band who, year by year, brave the snows of Labrador to assist Dr. Grenfell in his arduous task.

The Veterans' Bureau

A BILL (H. R. 12627) was presented to Congress on April 2, to provide for the establishment of a commissioned medical service in the United States Veterans' Bureau.

Again the excellent organization of the Army Nurse Corps is taken as a pattern, for Section 10 of the proposed bill reads:

"The Nurse Corps, United States Veterans' Bureau Medical Service, shall consist of a superintendent and such other nurses as may be deemed necessary by the medical director, in grades corresponding to the Army Nurse Corps. Pay and allowances of members of the Nurse Corps, United States Veterans' Bureau Medical Service, shall be the same as are now or may hereafter be provided for corresponding grades in the Army Nurse Corps."

This bill will interest many nurses and those interested may help the passage of the act by writing or telegraphing to their own Congressmen urging support of the measure, or to the Committee (of the House of Representatives) on World War Legislation.

Joining the Red Cross Nursing Service

THERE is a best time for everything. The very best time to join the Nursing Service of the American Red Cross is immediately upon completion of training.

The Red Cross requires a physical examination; many schools now give these to their students as a final check up and the report serves a double purpose, as it is acceptable to the Red Cross. Indeed, all of the preliminary steps may be taken before leaving the school, leaving only the proof of state registration to be filled in.

At Vanderbilt University, the Senior class took the first steps toward enrollment after an inspiring talk on the service during Delano recruiting week. They now await only the completion of their time and the coveted R.N. before becoming full fledged Red Cross nurses. Progressive schools everywhere are making it possible for their new graduates to attain the distinction of enrollment with a minimum of effort.

NEWS

[NOTE.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication.]

American Nurses' Association

By the time the *Journal* is issued, preparation plans for the convention will have been made and the Louisville Committee on Arrangements will be in readiness to welcome its guests. It is only fitting, therefore, that a word of appreciation be expressed at this time to the nurses whose many hours of work during the past months will enable them to extend, to its fullest, the hospitality of their city. Flora E. Keen, chairman of the local committee, is assisted by the following committee chairmen: Housing, J. O'Connor; Meeting places, Emma Lou Conway; Hostesses, Elizabeth Bruce; Properties, Mayme Gesler; Information, Edith Bush; Ushers, Lillian Rice; Dinners and luncheons, Annie L. Finney; Booths, Mrs. Florence McClelland; Meeting trains, Mrs. W. B. Carico; Taxis, Mary Foreman; Automobiles, Mrs. E. L. Parmelee; Telephones, Miss Behrens; Sightseeing, Anna K. Bindeman; Publicity, Mrs. Emma L. Hunt; Entertainment, Agnes O'Roke.

With the biennial convention in Louisville from the 4th to the 9th of June, members of the American Nurses' Association, with those of the other two national nursing groups, are drawn by a national event into a vivid realization of their national problems. Two A. N. A. committees to undertake responsible work at the convention will be the Committee on Transfers and the Committee on Registries. Transfer problems of the individual nurse, of state associations and national organization, will come before the Transfer Committee, which, incomplete in personnel at this time, will include Blanche S. Rulon, Mary C. Wheeler, and Dora M. Cornelisen. Ella F. Sinsebox is chairman of the Registry Committee, the members of which are Gertrude Bowling, Marguerite Wales, Mrs. Marie Stuhr, and Lucy Van Frank. Registry questions, problems and developments will be considered by this committee, the functions of which have been extended to include representation by this committee of the A. N. A.

S. LILLIAN CLAYTON

President of the American Nurses' Association, who will preside at the opening of the Biennial in Louisville.

on the joint committee appointed from the three organizations to consider distribution of nursing service.

The problem of distribution has been made the subject for a joint convention meeting of the three organizations Tuesday morning, June 5. Speakers, already announced, include such widely known leaders as C.-E. A. Winslow, Yale University; Marian Rottman, Bellevue and Allied Hospitals, New York, and Sophie C. Nelson, of the John Hancock Mutual Life Insurance Company.

CARRIE M. HALL

President of the National League of Nursing Education. Miss Hall will preside at League meetings in Louisville and at a Joint Session on "Grading Schools of Nursing."

Elnora Thomson, First Vice President of the American Nurses' Association, will take the place of Effie J. Taylor, as presiding officer at the joint meeting, Wednesday morning, June 6, at which Mental Hygiene will be the subject for consideration, as Miss Taylor, chairman of the Mental Hygiene Section, will not be able to attend the convention.

Convention-comers are urged to bear in mind three things:

(1) Because of the meeting of the National League of Nursing Education which begins Monday morning, nurses should plan to arrive in Louisville not later than Sunday night.

(2) If the one-and-one-half-fare ticket is to be used, certificates must be obtained when the ticket to Louisville is purchased and must be validated by the railroad representative in the Louisville Armory.

(3) There will be a post office sub-station at the Armory. All mail, therefore, should be addressed to Nurses' Convention, Jefferson County Armory, Louisville, Ky.

Nurses' Relief Fund

REPORT FOR APRIL, 1928

Balance on hand, March 31	$24,204.07
Interest on bank balance	96.40
Interest on investments	362.12
Benefit checks returned by applicants who were able to resume work	55.00
	$24,717.59
Contributions	
Arizona: District 3	$11.00
California: District 5, Los Angeles, $73; District 20, Stanislaus County, $14; District 22, Pasadena, $37	124.00
Florida: Gordon Kellar Hospital Alumnae Assn., Tampa	38.00
Georgia: Georgia State Sanitarium Alumnae Assn.	10.00
Indiana: State Nurses' Association	1,264.00
Massachusetts: Melrose Hospital Nurses' Alumnae	5.00
Michigan: 359 members of State Nurses' Assn.	359.00
Minnesota: Bethesda Hospital Alumnae Assn., $64; District 2, St. Luke's Hospital Alumnae Assn., Duluth, $17; District 3, Asbury Alumnae Assn., $47; St. Barnabas Alumnae Assn., $50; Deaconess Alumnae Assn., $27; Fairview Alumnae Assn., $55; individual members, $11; District 4, individual members, $4; District 5, Immanuel Hospital Alumnae Assn., Mankato, $9	284.00
Missouri: District 3, St. Luke's Alumnae Assn., St. Louis	8.00
New Hampshire: Hillsborough Gen'l Hospital Alumnae Assn., Grasmere, $10; Morrison Hospital Alumnae Assn., Whitefield, $5	15.00
New Jersey: District 2, Englewood, $25; Passaic Gen'l Hospital, $27; Hackensack, $25; members, $17	94.00
New York: District 1, W. C. A. Hospital Alumnae Assn., Jamestown, $10; Niagara Falls Memorial Hospital Alumnae Assn., $25; Emergency Hospital Alumnae Assn., $10; individual contributions, $33; District 2, Student Nurse, $2; District 4, Auburn City Hospital Alumnae Assn., $50; District 6, Watertown, $5; District 13, District contribution, $200; Broad Street Hospital Alumnae Assn., $25; City Hospital Alumnae Assn., $50; Mt. Sinai Hospital Alumnae Assn., $50; St. Vincent's Hospital Alumnae Assn., $10; Mt. Vernon Hospital Alumnae Assn., $25	495.00
Ohio: District 9, $25; District 12, Grant Hospital Alumnae Assn., Columbus, $65	90.00
Rhode Island: State Nurses' Assn.	25.00
Texas: District 1, $10; District 6, $3; District 13, $2	15.00
Wisconsin: District 4 and 5, Milwaukee County Hospital Alumnae Assn., $56.53; individual contribution, $1; District 8, $14	71.53
Total receipts	$27,626.12

Disbursements

Paid to 187 applicants	$2,667.00	
Salaries	227.56	
		$2,894.56
Balance on hand, April 30, 1928		$24,731.56
Farmers' Loan & Trust Co.	$15,943.11	
National City Bank	3,108.83	
Bowery Savings Bank	5,679.62	
	$24,731.56	
Invested funds		116,575.87
		$141,307.43

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the state chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York. If the address of the state chairman is not known, then mail the checks direct to the Headquarters office of the American Nurses' Association, at the address given above. For application blanks for beneficiaries, apply to your own alumnae or district association, or to your state chairman. For leaflets and other information address the state chairman, or the Director of the American Nurses' Association Headquarters.

The Isabel Hampton Robb Memorial Fund

REPORT TO MAY 8, 1928

Previously acknowledged	$32,503.57

Contributions

Louisiana: State Association	10.00
Massachusetts: Melrose Hospital Alumnae, Melrose, $5; St. Elizabeth's Hospital Alumnae, Boston, $5	10.00
New Hampshire: State Association	5.00
New York: Genesee Hospital Alumnae, Rochester	10.00
Pennsylvania: Presbyterian Hospital Alumnae, Philadelphia	25.00
Total	$32,563.57

MARY M. RIDDLE, *Treasurer.*

There were forty-three applicants for the scholarships offered for 1928–29. The awards will be announced in the July *Journal.*

The McIsaac Loan Fund

REPORT TO MAY 8, 1928

Balance, April 9, 1928	$1,748.98
Interest on deposit	1.75

FLORA E. KEEN, R.N.
Kentucky Chairman of the Committee on Arrangements of the Louisville Biennial

Contributions

Louisiana: State Association	$10.00
Massachusetts: St. Elizabeth's Hospital Alumnae, Boston	5.00
New Hampshire: State Association	5.00
New York: Genesee Hospital Alumnae, Rochester	10.00
Pennsylvania: Presbyterian Hospital Alumnae, Philadelphia	25.00

Disbursements

None.

Balance, May 8, 1928	$1,805.73

MARY M. RIDDLE, *Treasurer.*

Contributions for both funds are solicited from associations or from individuals. Checks should be made out separately and sent to Mary M. Riddle, Treasurer, care *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.

Army Nurse Corps

During the month of April, 1928, orders were issued for the transfer of the following named members of the Army Nurse Corps to the stations indicated: to Army and Navy General Hospital, Hot Springs National Park, Ark., 2nd Lieut. Agnes M. Quinlan; to station hospital, Fort Bragg, N. C., 1st Lieut. Nellie Denison, 2nd Lieut. Florence E. Halverson; to station hospital, Fort Leonard Wood, Md., 2nd Lieuts. Harriet P. Hankins, Eleanor L. Palmer; to station hospital, Fort Lewis, Wash., 2nd Lieut. Elizabeth Kenny; to station hospital, Fort Sam Houston, Texas, 2nd Lieut. Florence Calvert; to station hospital, Fort Sill, Okla., 2nd Lieut. Jennie E. Barrett; to

Walter Reed General Hospital, Washington, D. C., 2nd Lieut. Delia Sparks.

Seven have been admitted to the Corps as 2nd Lieuts.

It is regretted to report that 2nd Lieut. Jennie Leber died at Fitzsimons General Hospital, Denver, Colo., after an illness of several months. Her remains were taken to her home Newark, N. J., where the funeral was held with full military honors.

The following named are under orders for separation from the Corps: Della J. Hurley, Mathilde M. Petersen, Josipa Harjung.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent.

Navy Nurse Corps

REPORT FOR APRIL, 1928

Appointments: Five.

Transfers: To Mare Island, Calif., Harriet A. Harris, Frida Krook, Chief Nurse; to Newport, R. I., Agnes E. Nolan; to New York, Joanna Ferris, Mary P. Leader; to Parris Island, S. C., Gertrude L. MacNeill; to Pearl Harbor, T. H., Susan J. English; to Tutuila, Samoa, Edith M. Blair.

Separated from the Service: Jean Y. Awner, Ida R. Paul, Anna Bell Price, Lucy Tuttle, Arlene Johnson, Verona A. Borts.

A tribute: In 1908 the Navy Nurse Corps came into existence, and among the first twenty to be appointed was Sara M. Cox, graduate of the Boston City Hospital, who had already served in the Spanish-American War as a volunteer and who had served for two years with the Army Nurse Corps, soon after its organization. Much honor is due these first Navy nurses, for they not only gave loyalty to the service, but some of them have given the better part of their lives. Today, twenty years later, there are few of its first members still in the Navy Nurse Corps, but among the few is Miss Cox, who has served as Chief Nurse for the last eighteen years. To her, the Navy Nurse Corps owes much. To her, her appointment was not just a job, it was a great and glorious work—the care of our country's sick. This has been her attitude throughout her long career. It is fitting now, in recognition of service long and faithfully rendered, that Miss Cox should be allowed to retire from active duty in the Navy. For the last three years she has been stationed at the Naval Hospital, Puget Sound, Washington, and before she proceeded to her home to be relieved from all active duty, the medical officers and nurses gathered at the nurses' quarters to extend their congratulations. Captain N. J. Blackwood, Commanding Officer of the Hospital, made a short address and, in behalf of the assembled guests, presented Miss Cox with a chest of silver. It was felt that Miss Cox was being transferred to the "Land of Retirement" with just one more happy occasion to remember.—M. Ada Allen.

J. BEATRICE BOWMAN,
Supt., Navy Nurse Corps.

U. S. Public Health Nursing Service

REPORT FOR APRIL, 1928

Transfers: To Boston, Mass., Julia Doyle; to Ellis Island, N. Y., Eva Bowman, Easter Melvin; to Evansville, Ind., Laura Moline; to Chicago, Ill., Emily Schmitz; to Louisville, Ky., Kate Dunnam; to Cleveland, Ohio, Adeline Manley; to San Francisco, Calif., Lillian Lambert; to Stapleton, N. Y., Evelyn Jones; to Detroit, Mich., Mary Dill.

Reinstatements: Genevieve Fowler, Lillian Laitner, Carrie Christian, Lucharles Corcoran, Helen Keyser, Annie Oglesby.

New Assignments: Seven.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. Veterans' Bureau Nursing Service

REPORT FOR APRIL, 1928

New Assignments: Twenty-six.

Transfers: To Northport, L. I., N. Y., Elizabeth Brogan, Ada Potter, Adele Heaton, Annette Sullivan, Gertrude Smith, Kathryn Keane, Helen Zeller, Catherine Quinlan, Margaret Tracy, Mary Ryan, Mary Bowen Marie Olson, Ann M. McDermott, Lena M. Edwards; to Algiers, La., Celeste Bourg, Inez Finch, Bonnie V. Preston, Floy T. Brannon, Elizabeth Tansey, Mary Reddig, Enola Ducate, Edna Stiles, Bessie A. Burkhard; to Bronx, N. Y., Rose Doherty, Louise Shinn; to Perry Point, Md., Laura Sweeny, Susan McKensie, Eldy W. Johnson, Catherine P. Mauney, Irma Skilton; to Oteen, N. C., Olga Thoreson, Mary Galbally, Asst. Chief Nurse, Edna Hillman; to Waukesha, Wis., Selma Schwake, Mary Quandt, Olive Gerhart; to Washington, D. C.,

Orene L. West, Elizabeth Sheahan; to Jefferson Barracks, Mo., Helen Hallet, Roslyn Schwandt; to Legion, Texas, Lucille Mills, Sara Matthews; to North Little Rock, Ark., Agatha Leonard; to Palo Alto, Calif., Lucy McGuire; to West Roxbury, Mass., Belle Lombard; to Augusta, Ga., as Chief Nurse, Clarice Carter.

Reinstatements: Amy McGowan, Kathryn S. Stone, Helen Tschumy, Pauline Dankhoff, Elizabeth Nelson, Elizabeth McD. Wood, Rosalie N. O'Hara, Florence Hegberg, Winnifred Blake, Mary L. Adams.

MARY A. HICKEY,
Supt. of Nurses, U. S. V. B.

The Indian Service

REPORT FOR APRIL, 1928

Appointments: Four.

Transfers: To Cloquet, Minn., Mrs. Gladys Blackburn.

ELINOR D. GREGG,
Supervisor of Field Nurses.

International Catholic Guild of Nurses

The convention of the International Catholic Guild of Nurses will be held in Cincinnati, Ohio, June 18–22, in connection with that of the Catholic Hospital Association, the Guild's meeting being held on the evenings of June 19, 20 and 21. An outline of the program was published in the May *Journal*, page 525. The annual banquet will be held on Wednesday evening, the 20th, under the auspices of the Cincinnati Chapter of the Guild. Those wishing to make reservations for rooms or to obtain special information should write to the Hospital Clinical Congress, 124 13th Street, Milwaukee, Wis.

The Catholic Hospital Association

The thirteenth annual convention of the Catholic Hospital Association and the second annual Hospital Clinical Congress will be held in Cincinnati, June 18–22. An outline of the program follows:

June 18, afternoon session, General opening meeting with addresses of welcome and the address of the President, Rev. C. B. Moulinier; also addresses on "What the Public Expects of Hospitals," "The Citizen's Responsibility to Hospitals," "Duty of the Medical School to the Hospital," "How the Progressive Hospital Should Meet Its Responsibilities."

Subjects to be considered on succeeding days are: *Tuesday*, Administration, Beauty in the Hospital, X-ray Department, Surgeries, Physical Therapy, Obstetrics, Architecture and Engineering; *Wednesday*, morning, General scientific meeting; afternoon, Continuation of some of the subjects of Tuesday with Clinical and Pathological Dietetics Laboratories, Kitchen Dietetics; *Thursday*, Continuation of previous subjects and Exhibitors' Day; *Friday*, Further consideration of previous topics with Pediatrics, Radiological Department.

MYRTLE C. APPLEGATE, R.N.
President, Kentucky State Association of Registered Nurses

American Home Economics Association

The twenty-first annual meeting of the American Home Economics Association will be held in Des Moines, Iowa, June 25 to 29,

with Fort Des Moines Hotel as headquarters. The first session will be devoted to a brief survey of the year's progress in the various lines of home economics. The address of the president, Lita Bane, will be delivered at the public meeting Tuesday evening, June 25. At the public meeting on Wednesday evening, June 26, Judge Florence E. Allen of Columbus, Ohio, will speak on "Significant Factors in Home Life as Revealed through the Courts." Each of the ten sections of the Association will hold two or three special meetings at which its particular interests will be presented in papers and informal discussions.

Canada: Montreal.—The ALUMNAE ASSOCIATION OF THE SCHOOL FOR GRADUATE NURSES OF MCGILL UNIVERSITY has decided to establish a memorial to the memory of the late Flora Madeline Shaw. This memorial is to take the form of an endowment fund to further nursing education through the School for Graduate Nurses, McGill University. The nucleus of the fund has been raised by the members of the Alumnae. It is now hoped that Miss Shaw's friends and persons interested in nursing education will assist by sending their subscriptions to this memorial. All contributions, large or small, will be welcome. Subscriptions may be sent to Dorothy Cotton, 581 Sherbrooke Street, West, Montreal, Canada, Secretary-Treasurer of Alumnae Association, School for Graduate Nurses. Cheques to be made payable to the Flora Madeline Shaw Endowment Fund.

Institutes and Summer Courses

(For a full list of these courses, see the May *Journal*, pages 525–527.)

New York: Chatauqua.—A Social Hygiene Institute will be held July 9–August 17. Courses will be conducted by Dr. T. W. Galloway and Newell W. Edson. **Schenectady.**—The Institute which the Hudson Valley League of Nursing Education held, April 23 to 27, at the Ellis Hospital, was attended by representatives from all parts of the State. The League was assisted by the State Department of Education. The following program was provided: *April 23*—Addresses of welcome, Dr. James Sullivan and Mrs. S. B. Fortenbaugh; "Principles of Teaching," Dr. Ned Dearborn, State Department of Education; "Methods of Teaching," Katherine Wheeling, State Teachers College, Albany. *April 24*—"The Teaching of Practical Nursing," "Teaching of a Class in Practical Nursing," "Presentation of the Means of Checking up on Classroom and Ward Practice," Ethel Bacon, Bellevue Hospital, New York; "How the High School Can Assist in the Preparation of Nurses," A. J. Stoddard, Superintendent of Schools, Schenectady; "Demonstration of Nursing Procedures," Gladys Nichols, Ellis Hospital, Schenectady. *April 25*—"General Discussion and Demonstration of the Teaching of the Metric System," "Discussion and Demonstration of the Teaching of the Arithmetic of Solutions," Maude Muse, Teachers College, New York; "The Teaching of Pediatric Nursing with Demonstrations," Mary E. Pillsbury, New York Foundling Hospital. *April 26*—"Some Methods of Organizing the Supervision of the Nursing of a Hospital Ward," Mary Marvin, Teachers College, New York; "The Case Method of Teaching," Grace Reid, Strong Memorial Hospital, Rochester; "Personnel Conferences," Carolyn Gray, New York. *April 27*—"The Teaching of Professional Problems," Carolyn Gray, New York; "The Teaching of a Class in Medical Nursing," Gertrude Bates, Clifton Springs Sanitarium; "The Teaching of a Class in Diet in Disease," Helen Clarke, Clifton Springs Sanitarium; "The Teaching of Ethics," Carolyn E. Gray, New York.

Wisconsin: Madison.—The eighth annual conference on Maternity, Child Welfare and Public Health Nursing was held at the State Capitol, April 9–13. Subjects considered were: April 9, afternoon, Tuberculosis. April 10, morning, Child Welfare; afternoon, School Health; evening, a dinner, with addresses. April 11, morning, County Nursing; noon, luncheon for board members; afternoon, Visiting Nursing. April 12, morning, Nutrition; afternoon, Social Service and Social Hygiene. April 13, morning, Industrial Service; afternoon, annual meeting of the State Organization for Public Health Nursing.

Commencements

California: Pasadena.—THE PASADENA HOSPITAL, a class of 24, on May 11, with an address by Dr. James A. Blaisdell. **San Francisco.**—STANFORD SCHOOL OF NURSING, a class of 52, on May 9, with an address by Mrs. Harry Kluegel.

Colorado: Greeley.—The GREELEY HOSPITAL, a class of 6, on May 12.

Connecticut: GRACE HOSPITAL, a class of 31, on May 12, with an address by Dr. William DeV. Beach.

Georgia: Atlanta.—GRADY HOSPITAL, a class of 12, on May 11, with an address by Rev. Samuel T. Senter.

Illinois: Chicago.—THE ILLINOIS TRAINING SCHOOL FOR NURSES, a class of 28, on June 13. The RAVENSWOOD HOSPITAL, a class of 20, on May 27.

Iowa: Des Moines.—BROADLAWNS, a class of 13, on May 12, with addresses by Julius S. Weingart, M.D., and Governor John Hammill. THE IOWA METHODIST, a class of 35, on May 11, with addresses by Dr. M. L. Turner and Rev. A. A. Brooks.

Maryland: Baltimore.—The JOHNS HOPKINS HOSPITAL, a class of 74, on May 24, with an address by Dr. Milton C. Winternitz.

Massachusetts: Boston.—The NEW ENGLAND DEACONESS HOSPITAL, a class of 25, on May 8, with an address by J. Franklin Knotts, D.D. **Springfield.**—THE SPRINGFIELD HOSPITAL, a class of 39, on May 25.

New Jersey: Jersey City.—THE JERSEY CITY HOSPITAL, a class of 31, on May 8. **Newark.**—ST. BARNABAS HOSPITAL, a class of 16, on April 28, with addresses by Florence K. Dakin and Bishop Stearly.

New York: New York.—BELLEVUE HOSPITAL, a class of 75, on March 15, with an address by Dr. James G. Sullivan. The CITY HOSPITAL, a class of 31, on May 17. THE FIFTH AVENUE HOSPITAL, a class of 32, on May 3, with addresses by Rev. Henry Howard and Almon R. Pepper. HARLEM HOSPITAL, a class of 32, on April 19. ST. LUKE'S HOSPITAL, a class of 53, on April 25, with an address by Donald B. Aldrich. **Yonkers.**—YONKERS HOMEOPATHIC HOSPITAL, a class of 6, on April 18, with addresses by Dr. George P. Holden and Mary M. Roberts.

North Dakota: Minot.—TRINITY HOSPITAL, a class of 12, on May 12, with an address by Dr. Walter R. Ramsey.

Ohio: Dayton.—MIAMI VALLEY HOSPITAL, a class of 68, on May 10, with an address by Avery A. Shaw, D.D.

Oregon: Portland.—THE GOOD SAMARITAN HOSPITAL, a class of 45, on May 17, with an address by Dr. Arnold Bennett Hall.

Pennsylvania: Pittsburgh.—The ALLEGHENY GENERAL HOSPITAL, a class of 22, on May 22, with an address by Thyrsa W. Amos. **Washington.**—The WASHINGTON HOSPITAL, a class of 6, on May 7, with an address by Rev. William L. Wishart. **Wilkes-Barre.**—THE WILKES-BARRE GENERAL HOSPITAL, a class of 23, on May 17.

Tennessee: Knoxville.—KNOXVILLE GENERAL HOSPITAL, a class of 18, on April 17.

Texas: Temple.—SCOTT AND WHITE HOSPITAL, a class of 20, on May 15, with an address by Dr. Edward P. Childs.

Utah: Salt Lake City.—HOLY CROSS HOSPITAL, a class of 22, on May 17.

Virginia: Richmond.—STUART CIRCLE HOSPITAL, a class of 14, on May 14, with an address by Benjamin R. Lacy, D.D.

Washington: Seattle.—PROVIDENCE HOSPITAL, a class of 20, on May 12.

Wisconsin: Fond du Lac.—ST. AGNES HOSPITAL, a class of 38, on May 15.

Wyoming: Wheatland.—The WHEATLAND GENERAL HOSPITAL, a class of 5, on May 7.

State Boards of Examiners

Arizona: The ARIZONA BOARD OF NURSE EXAMINERS will hold its semi-annual meeting at the Grand Canon, June 12 and 13.

Kansas: The KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES has elected Cora A. Miller, of the Newman Memorial Hospital, Emporia, as secretary-treasurer, to fill the vacancy caused by the resignation of M. Helena Hailey. Miss Hailey resigned on account of ill health.

Virginia: The VIRGINIA STATE BOARD OF EXAMINERS OF NURSES will hold its semi-annual examinations in Charlottesville, June 13, 14 and 15. For further information apply to Ethel M. Smith, Secretary, Craigsville.

State Associations

Arkansas: The Board of Directors of the STATE ASSOCIATION met at St. Vincent's Hospital, Little Rock, May 8. Members are asked to note the change of date for the annual meeting of the State Association, which will be held October 29 and 30, in Hot Springs.

Connecticut: The May meeting of the GRADUATE NURSES' ASSOCIATION OF CONNECTICUT was held in Middletown, May 8,

with 275 people present. The morning was given over to four section meetings: the Educational Section, the Private Duty Section, the Board Members' Division and the Public Health Nursing Section. The first topic on the program of the Educational Section, on "The Age and Educational Requirements for Entrance of Students to Training Schools," brought out much discussion, and it seemed to be the opinion of the group that the age for registration might be 20 instead of 21. The next topic, "The Nursery School Contributes to the Normal Development of the Child," was ably taken care of by Dorothy Cannon, Director of the Cannon School, and Doris E. Perry, Psychologist. In the Private Duty Section, Ida White gave a splendid paper on "Raising the Standards of the Private Duty Nurse." Miss White emphasized that good work is always rewarded, and this is more than true in Private Duty Nursing. The Public Health Nursing Section, after its business meeting, divided into two round tables. The topic for one was "Introducing the New Nurse to the Field," opened by Ruth Hubbard of New Haven. The other was for staff nurses only, and great was the interest. The board members put on one of the best programs they have ever had, and it is of special interest that they had 100 people present. Their program was a one-act play depicting a board members' meeting of a visiting nurses' association. The parts were taken by board members from various public health nursing associations throughout the State. It was so worth while that it will be written up in the Board Members' Forum in the *Public Health Nurse*.

At the close of the morning meetings, a demonstration, "First Aid on the Hike," was given by the Girl Scouts of Middletown. The afternoon session was opened with business. The first speaker was Dr. Milton C. Winternitz, Dean of Medicine at Yale University, whose subject was "Changes in Medical and Nursing Education." The next speaker was Dr. John Carter Rowley of Hartford, on "Prevention and Care of Cardiovascular Diseases." Following the address, a letter was read from the Lawrence and Memorial Hospital Alumnae inviting the State Association to hold its October meeting in New London. Following the adjournment of the meeting, tea was served by the Middlesex Hospital Alumnae, the Connecticut State Hospital Alumnae and the District Nurses' Association staff. The meetings were filled with interest, and if anyone doubted that amalgamation in Connecticut is not a success, she should have been at Middletown to see the 275 members who were present at the meeting.

Louisiana: A special meeting of the STATE ASSOCIATION, called by the president, Mrs. Clara McDonald, for the purpose of amending the charter, was held at the Nurses' Club, New Orleans, April 9. It was decided to hold the State meeting in New Orleans, October 23 and 24, the Board of Directors and Advisory Council to meet on the 22nd of October, at the Club House. The members are anticipating the pleasure of having Janet Geister with them at this time.

New Jersey: The twenty-sixth annual meeting of the NEW JERSEY STATE NURSES' ASSOCIATION, the twelfth spring meeting of the NEW JERSEY LEAGUE OF NURSING EDUCATION, and the thirteenth annual meeting of the NEW JERSEY ORGANIZATION FOR PUBLIC HEALTH NURSING were held jointly on April 13 and 14 at the Berkeley-Carteret Hotel, Asbury Park-by-the-Sea. The three associations were guests of District 4, and the arrangements made by the local committee proved to be most comfortable and delightful. Friday morning was devoted to the routine business meeting and election of officers of the State Nurses' Association. Officers reëlected were as follows: Second vice president, Martha W. Moore; secretary, Gertrude M. Watson, both for two years; director for three years, Maud Brodersen. The annual reports of officers and committees showed development. This was especially true of the report of Miss Creech, General Secretary. When State Headquarters was established two and one-half years ago, there were only 1,377 members in the State Association; on the first of March, this year, there were 2,028, an increase of 47.2 per cent. Miss Creech gave a brief account of conditions in schools of nursing and those under which the private duty nurse worked twenty-five or thirty years ago, in comparison with present-day conditions, and asked the question, "What has brought about the change in the picture?" The answer? "There is but one—organization." In the afternoon the League of Nursing Education presented a most instructive program: "Facing Facts," Blanche Pfefferkorn, National League of Nursing Education; "Higher Education for Nurses," Charles H. Elliott, Commissioner of Education, State of New Jersey; "The Responsibility of the Hospital to the School of Nursing," George O'Hanlon, M.D., Jersey City Hospital. The joint banquet, Friday evening, was made doubly delightful by two inspiring addresses, one by Janet Geister, on "Why We Go to Conventions," and the other

by Dr. Nathan B. Van Etten, on that inexhaustible and all-absorbing topic, "The Grading of Schools of Nursing." The next meetings will be held in November in Jersey City in response to an invitation from the Alumnae Association of the School of Nursing of Christ Hospital. On Saturday the State Organization for Public Health Nursing held its business meeting and election of officers, together with a program of great interest, consisting of several fine addresses and round table luncheons. The outstanding address was that of Mary Elizabeth Pillsbury, on "The Nurse and Communicable Disease." The officers and directors elected for two years were: President, Anna A. Ewing; recording secretary, Mary A. Weir; treasurer, Mary E. Edgecomb; directors, Edith Granger and Evelyn T. Walker.

New Mexico: The NEW MEXICO STATE ASSOCIATION held its annual meeting in Albuquerque, April 28, and elected the following officers: President, Blanche A. Montgomery; secretary, Mary P. Wight; both are of Albuquerque.

North Carolina: The NORTH CAROLINA STATE ASSOCIATION OF COLORED GRADUATE NURSES held its sixth annual session in Winston-Salem, May 2–4, at the Goler Memorial A. M. E. Zion Church. The program was as follows:

May 2, Morning, Business. Afternoon, "Obstetrics," Dr. H. W. Hall; "Prenatal Care," Nell McKenzie; "Private Duty," Mary Peoples. Evening, Invocation, Rev. A. L. Strickland; Welcome, Mrs. John A. Blume; Response, Mrs. Robbins; "The Registered Nurse as an Ally in the Health Program," Dr. I. L. Johns; "Mortality of Our Race," C. C. Spaulding.

May 3, Morning, "X-ray," Dr. Hobart Allen; "Malnutrition," Blanche Hayes; "Public Health," Mrs. Anna H. Moorehead; paper by Mrs. Marjorie Grier. Afternoon, "Small Hospitals," Salome Taylor; "Bedside Nursing," Anna E. Saunders; "School Nursing," Mary E. Taylor. Evening, "The Relation of Nurse and Doctor, Coöperation," Prof. R. W. Brown; "Tuberculosis," Dr. R. L. Carleton; address by Lieut. Lawrence A. Oxley.

May 4, Address by the president, Mrs. C. E. Broadfoot. Afternoon, Business session. Evening, a reception.

Ohio: The twenty-fifth annual meeting of the OHIO STATE ASSOCIATION OF GRADUATE NURSES was held at the Ohio Hotel, Youngstown, April 11–14. At the meeting of the Advisory Council, held on the 8th, sixty-five alumnae associations were represented, and ten districts. Miss Lorimer asked for suggestions for increasing the interest of the young graduate in her alumnae. The consensus of opinion was that the district be responsible for sending a representative to every accredited school of nursing within the district, or to secure some nurse who would be able to interpret the organization to speak to the Senior class on the importance of nurse registration and membership in the American Nurses' Association through the alumnae. On Thursday morning section business meetings were held by the sections on Nursing Education, Private Duty Nursing and Public Health Nursing. The opening sessions began at 10. The invocation was given by Rev. William H. Hudnut; the address of welcome, by Hon. Joseph F. Heffernan. The response was given by the State President, Miss Lorimer, followed by her annual address. The General Secretary's report brought out the fact that there had been an increase in the state membership of 707 members, making a total membership of 4,286. Mollie Condon presented the *American Journal of Nursing*, the *Public Health Nurse* and the *Survey*. Miss Condon gave a very excellent talk on how to use these journals. Dr. Max Shaweker gave a most interesting address and demonstration on "Practical Appliances." He brought out many important ways of improvising various household equipment in caring for certain types of cases. Mrs. Emma A. Fox, national parliamentarian, conducted a class in parliamentary law. A meeting was held for registrars and registry committee members at which many important matters pertaining to registries were discussed.

The annual subscription banquet was attended by 419 nurses. Clara D. Noyes was the speaker of the evening. Miss Noyes emphasized the work that the nursing service of the American Red Cross is carrying on, not only in this country but abroad, and spoke of the Delano Memorial Fund.

Friday morning was given over to round tables, one on Problems in Teaching, conducted by Nellie X. Hawkinson; another, Hospital Problems, conducted by Clara F. Brouse; Public Health Nursing, conducted by Marion G. Howell; and on Private Duty Nursing, conducted by Mrs. Anna M. Creedon. The round tables were followed by an address on "Peptic Ulcers" by Dr. John E. Hardman, president of the local medical society. Anna G. Gladwin gave a most interesting paper on "Hourly Nursing," followed by three-minute talks on group and hourly nursing by Merry C. Echols, Justina

Winkler and Emma S. Modeland. Mrs. Lena Dixon Walker gave a most interesting paper on "Community Resources for Teaching."

May Ayres Burgess, Director of the Committee on Grading Nursing Schools, gave a most interesting address on grading schools of nursing. To see her charts in consecutive order, and to hear her discuss the important points, meant a very great deal to every nurse present. Rev. M. F. Griffin, Youngstown, gave an interesting address on "The Relation of the Training School to the Hospital." The Arrangement Committee planned so that all members attending the convention were taken by automobile to the beautiful new St. Elizabeth's Hospital School for Nurses' Home, where supper was served by the Alumnae Association of Youngstown City Hospital and St. Elizabeth's Hospital, after which the members were taken to the beautiful Stambaugh Auditorium, where a most delightful musical was given by the Monday Musical Club of Youngstown. The Friday evening meeting was an open meeting, and the address was given by Whiting Williams, of Cleveland, on "What Makes the Human Wheels Go Round?"

Saturday morning was given over to the closing business session. The troublesome question of changing the constitution and by-laws was the first article of business. Several very important changes were made in the constitution, perhaps the most important one being the changing of the name to that suggested by the American Nurses' Association, The Ohio State Nurses' Association.

Rhode Island: The quarterly meeting of the RHODE ISLAND STATE ASSOCIATION was held in the Aldrich House, Rhode Island Hospital, on April 19. The address of the afternoon was given by Helen O. Potter, Superintendent of Nurses, Rhode Island Hospital, on "The Work of the Committee for the Grading of Nursing Schools." This was followed by a demonstration in "Procedures in Practical Nursing," given by students of the school. A second demonstration on "A Mental Hygiene Visit to the Home" was given by Lillian Coe, Providence District Nursing Association, assisted by W. L. Fitzpatrick, Agnes Lacy, and Dorothy Mitchaem.

South Carolina: The SOUTH CAROLINA STATE NURSES' ASSOCIATION held its twenty-first annual convention in Florence at the Public Library building, April 11 and 12. The meeting was called to order by the President, Marguerite Andell; the invocation was given by Rev. J. W. Carmody; the Association was cordially welcomed by Mayor Gilbert on behalf of the city of Florence, Dr. F. H. McLeod on behalf of the physicians, and Antonia Gibson on behalf of the nurses of District 2. In the absence of Miss Clement, the response was made by the President. The morning session was devoted to papers and addresses. Dr. Walter R. Mead read a paper "Recent Advances in the Treatment of Pernicious Anemia," which was enthusiastically received, as much of the material presented was the result of experimentation. Mary C. McKenna, whom the members were fortunate enough to have with them for the fifteenth consecutive time, gave a talk on "Nursing—Today, Yesterday, and Tomorrow." Miss McKenna has done pioneer work in South Carolina for many years and is probably the best prepared person to talk to them on this subject. She also brought greetings and messages from headquarters. May Kennedy, the main speaker of the convention, conducted a "Modified Institute" during the two days, speaking most interestingly and helpfully upon the following topics: "The Aim of Education," "The Principles of Economy and Learning," "Habit Formation," "Technic of Study," "Psychiatric Nursing." Miss Kennedy is from Illinois. The various topics were dealt with in a manner to include general education and with special reference to nursing, so that the nurses from every branch of the profession were benefited by the lectures. The meeting adjourned at 1 p. m. for luncheon at which members were the guests of District 2. The afternoon session was devoted to routine business and reports. Unfinished business was carried over to the morning session of the 12th, and the meeting adjourned at 5.30 p. m. Dr. and Mrs. F. H. McLeod received the members at their home, where the acquaintance of many of Florence's prominent ladies was made. On the evening of the 11th, the three luncheon clubs of Florence—the Lions, Kiwanis, and Rotarians—entertained the Association at a banquet. Rick McIver acted as "Master of Ceremonies," and a most enjoyable program of "stunts" was the order of the evening.

At the second morning session, unfinished and new business was considered. E. C. Nelson of Charleston presided over the Public Health Section. Jane C. Allen, General Director of the N. O. P. H. N., spoke upon the "General Development and Implications of Public Health for the Future," the keynote being Adult Education. Miss Allen stated that nurses have always been interested in postgraduate education, constant changing in nursing principles and practice making this

necessary, complacency tending to stagnation. Miss Allen further described the work of the Grading Committee, comparing the effect of this movement in the profession to the effect of the industrial revolution upon the history of the world. Due to the absence of the Chairman of the Private Duty Section and to the lateness of the hour, the paper on "The Private Duty Nurse," written by Katurah McKenney, was not read. This paper will be forwarded to the districts to be read at the monthly meeting. A. B. Commer presided over the Educational Section, and Mary C. McAlister gave a report of the joint committee, composed of three members each of the South Carolina Hospital Association, the South Carolina Medical Association, and the South Carolina Graduate Nurses' Association, that had met to discuss the problem of nursing education in South Carolina, as her paper on "Problems in Nursing Education in South Carolina." Much discussion followed, and the Association went on record as willing to have the committee approach the Board of Examiners to see what could be done to raise the standards. The meeting adjourned with a rising vote of thanks to the nurses of District 2, who had done so much to make the meeting a success. Officers of the Association for 1928–29 are: President, Marguerite Andell; vice presidents, Mrs. E. G. Mouzon and Lily Hardin; secretary, Meyeral Engelberg; treasurer, Fannie Bulow.

South Dakota: The South Dakota State Association of Graduate Nurses will hold its annual meeting at Sioux Falls, June 11, 12, and 13.

Vermont: The Vermont State Nurses' Association will hold its annual meeting at Burlington, June 14. The tentative program includes as speakers: Jane C. Allen, General Director of the N. O. P. H. N.; Dr. F. S. Kent of the State Board of Health, and some of Vermont's own nurses, Nellie Jones, Helena H. Pembroke, and Bertha Weisbrod, who will tell us about their particular work in the state. The report of the Louisville convention will be given.

Washington: The annual convention of the Washington State Graduate Nurses' Association will be held at Longview, June 21–23, together with the Washington League of Nursing Education, and the Washington Public Health Association. The first morning will be given over to committee and district reports of the State Association. The State League will have the second morning, and the Public Health Association will hold its convention on Saturday, June 23. The outline of the program is not as yet complete, but it will cover subjects of vital interest to all. Plans are made for two round tables on "Perplexing Problems"; the questions have been sent in by the districts. These round tables have always been very interesting and instructive.

Wyoming: The Wyoming State Association will hold its annual meeting at Thermopolis, June 14 and 15.

District and Alumnae News

California: San Francisco.—The thirty-fourth anniversary of the Stanford School of Nursing (formerly Lane Hospital Training School) was celebrated on May 8 and 9, in connection with commencement. On May 8 there was inspection of the hospitals, a luncheon at noon and, in the afternoon, a meeting with addresses by Maude Landis, Frances Kyle, Dr. William Ophüls, Dr. Ray Lyman Wilbur, and Dr. Richard G. Brodrick. The day ended with a reunion dinner. On the 9th there were informal class reunions; capping exercises for the class of 1931; and a reception, then the evening commencement.

Florida: Daytona Beach.—Mrs. Stoll has resigned as registrar of the official registry and is succeeded by Mrs. J. H. Blye.

Illinois: Chicago.—The annual luncheon of the Central Council for Nursing Education was held May 3, at the Palmer House. Dr. May Ayres Burgess, Director of the Committee for the Grading of Nursing Schools, spoke on "Care of the Sick—Supply and Demand in Nursing." The luncheon was attended by a group of four hundred prominent Chicago men and women who are active in hospital and welfare work. Boards of directors, women's auxiliaries, and the nursing staffs of the following Chicago hospitals, members of the Central Council, occupied tables: Children's Memorial, Illinois Training School, Michael Reese, Presbyterian, St. Luke's, Wesley Memorial, Evanston, the Epworth Hospital of South Bend, and the Lutheran Hospital of Moline. A number of tables were occupied by the staff members of other Chicago hospitals, not members of the Central Council. Dr. Burgess presented the latest findings of her committee, graphically charted. The Council feels that she succeeded in arousing marked interest in nursing education among Chicago's civic leaders.

Indiana: Fort Wayne.—The dedication of the addition to the LUTHERAN HOSPITAL will be on June 26. A home-coming banquet for all the graduates of the school will be held June 27. Invitations have been sent to the graduates; any graduate not receiving one should get into communication with Anna M. Holtman, Lutheran Hospital. **Indianapolis.**—The regular meeting of the FOURTH DISTRICT was held May 8, at the Elks' Club. Following a delightful luncheon, Dr. Sherman L. Davis, Indiana University School of Dentistry, spoke concerning "Nutrition and Its Relation to Tooth Structure." The next meeting of the Association will be held in September.

Louisiana: The regular quarterly meeting of the NEW ORLEANS DISTRICT was held on April 26. No business of special importance was transacted, but everybody was interested in the coming convention in Louisville. Miss Barr gave an interesting and extensive report on the Grading Committee, while Marion Souza read a delightful paper on the same subject. A Red Cross Drive, which started on Delano Day, ended on the night of May 2, at which time the Chairman, Juanita Bayhi, reported that the silver loving cup, offered by Mrs. Louis Hausmann to the graduating class enrolling the largest number for Red Cross service, had been awarded to the Hotel Dieu class, which enrolled 100 per cent. Mrs. Hausmann, herself, a graduate of Hotel Dieu, class 1918, and serving a year in Italy in Dr. Danna's unit, made the presentation, response to which was made by the president of the class, Anna McGovern. The Mercy Hospital class also enrolled 100 per cent, but all their applications had not been received until after the time limit expired. The school winning the cup three successive years will become its owner. The Baptist Hospital enrolled 33⅓ per cent, Charity Hospital, 53½ per cent, while there were no applications received from Touro Infirmary and Presbyterian Hospital. Miss Barr, Nursing Supervisor of the Metropolitan Life Insurance Co., and Secretary of the State and Local Red Cross nursing community, made a splendid address. Elizabeth E. Golding, a member of the Board of Directors of the A. N. A., and one of the early Red Cross Nurses, was present, as was also Ella Wall, one of the first nurses to enroll in the Red Cross from Louisiana. The club rooms were beautifully decorated; the service flag, with one gold star for Katherine Dent, who died in France during the war, hung at one end of the spacious hall. It was quite fitting that all should be asked to stand in silent prayer for a moment in memory of Miss Dent, who typified all that was best in a Red Cross nurse.

Missouri: St. Louis.—At the annual meeting of the ALUMNAE ASSOCIATION of the ST. LOUIS BAPTIST HOSPITAL, May 8, the following officers were elected: President, Marie Louise Bender; vice president, Mrs. John D. Hayward; secretary, Martha Hermeling; corresponding secretary, Grace Winchester; treasurer, Ruth Swearingen.

Nebraska: Omaha.—The OMAHA LEAGUE OF NURSING EDUCATION met on April 21 at St. Catherine's Hospital, Carrie E. Eppley presiding, with an attendance of fifty members and guests. Phoebe M. Kandel, State Educational Director, gave an interesting talk on her work.

New York: Brooklyn.—The ST. MARY ALUMNAE ASSOCIATION at its last regular meeting installed as officers: President, Helen Jamison; vice president, Elizabeth Stettner; secretary, Josephine Purcell; treasurer, Jane Murphy. **Ithaca.**—The spring meeting of DISTRICT 5 was held in Ithaca, April 11. Mrs. Clifford was guest of honor at a dinner, after which the business meeting was held. Mrs. Clifford spoke on "The Grading Program," and Caroline Garnsey, Executive Secretary of the State Association, spoke on the "Benefit of Organization." **Jamestown.**—Marie J. Robertson, Superintendent of the Jamestown General Hospital, has resigned after fifteen years of faithful and efficient service. Miss Robertson came to the hospital at its opening, and helped purchase its equipment and to establish it as an institution of high standing. Her departure is regretted by the community. **Lackawanna.**—At the annual meeting of OUR LADY OF VICTORY ALUMNAE, held in April, it was decided to hold the annual meeting in January, hereafter. Officers elected are: President, Kathryn Coakley; vice presidents, Catherine Wilson, Cecilia Sauers; secretary, Annie M. Hanover; treasurer, Hildegarde Batt. **Poughkeepsie.**—VASSAR HOSPITAL ALUMMAE has elected as officers: President, E. Marion Knapp; vice presidents, Elizabeth Parmale, Mrs. William A. Kreeger; secretary, Ruth M. Babret; treasurer, Rachel E. Cole. **Rochester.**—The April meeting of DISTRICT 2 was held at St. Mary's Nurses' Home, where the members enjoyed an address by Caroline Garnsey, Executive Secretary of the State Association. **Trudeau.**—DISTRICT No. 8, SARANAC LAKE GRADUATE NURSES' ASSOCIATION held their annual meeting at Ogden

Mills Nursing Home, on May 1. Officers re-elected for the coming year were: President, Alice M. deWard; vice presidents, Catherine McDonnell, Katherine Amberson; secretary, Mary Olive Smith; treasurer, Anna Geis Erkander. The Revision Committee presented changes to be made in constitution and by-laws necessitated by change of annual meeting to January. Affiliation of Alice Hyde Memorial Hospital Alumnae at Malone was completed. A report of the year's activities was read by the Secretary showing affiliation of Champlain Valley Hospital Alumnae in March and a number of new members during the year.

North Dakota: Fargo.—On April 18, Dora M. Cornelisen, Secretary of the Minnesota State Association, presided at a meeting of graduates of St. Ansgar's Hospital for the purpose of reorganizing the Alumnae Association. This step was taken to make them eligible to membership in the district, state and national associations. Officers elected are: President, Helen Maszk; vice president, Elizabeth Calkins; secretary, Lillian Nickeson; treasurer, Sara Silvene.

Ohio: Cincinnati.—DISTRICT 8 held its annual meeting at the Good Samaritan Hospital, May 23, and the following were elected: President, Mrs. Louise K. Tooker; vice presidents, Anna Drake, Edith Northup; secretary, Florence Rothan; treasurer, M. Neaman. The Chairman of the Emergency Relief Fund reported that the committee had raised $581. The District has established headquarters at 608 Chamber of Commerce Building. Marguerite E. Fagin was appointed Executive Secretary. THE DEACONESS HOSPITAL ALUMNAE has recently elected: President, Emma Kessler; vice president, Mary Segmiller; secretary, Marie Villing; treasurer, Clara Kunze.

South Dakota: Aberdeen.—At the fall meeting of the THIRD DISTRICT, it was decided to give $5 for five years to the work of the Grading Committee and also to give $1 per member to the Nurses' Relief Fund. The spring meeting was held on April 28, at the State Normal School. An interesting paper on "Communicable Diseases" was given by Dr. McCarthy. The officers were reëlected for another year: President, Florence Walker, Waubay; vice president, Luella Mae Stickney; secretary, Anna Fuhlbrigge, Watertown; treasurer, Lillian Zimpfer, Aberdeen; auditor, Lorena Wiard, Aberdeen; Eligibility Committee, Belle Anderson; Program, Anna Dailey. Miss Walker extended an invitation to hold the fall meeting in Waubay. This was accepted. A short program followed—Miss Rogers from St. Louis, Mo., gave a splendid talk on "Social Work"; Louise Kinney, on "Medical and Nursing Service in Disaster." After the program a trip of inspection was taken through the new St. Luke's Hospital.

Washington: Seattle.—As requested by the American Nurses' Association, the regular meeting of DISTRICT 2, held April 2, was given over entirely to the different angles of the work of the Financing Committee of the Grading of Training Schools. There was a very large attendance. The speakers were from the membership of the District: "The Nursing Situation," by Evelyn Hall; "Method of Financing the Work of the Committee," by May S. Loomis; "Method of Conducting the Supply and Demand Study," by Mrs. Elizabeth Soule; "How Each Individual Nurse May Help," May S. Sheedy.

Wisconsin: Milwaukee.—A RED CROSS RALLY with a Jane Delano Memorial Program was held at Milwaukee Auditorium on April 12. Adda Eldredge presided. There was a processional of nurses in uniform; invocation by Rev. Gustav Stearns; addresses by Prof. Pitman Potter and Elizabeth G. Fox.

Wyoming: Cheyenne.—The REGISTERED PRIVATE DUTY NURSES' ASSOCIATION of Cheyenne adopted twelve-hour duty on February 15. Cheyenne is well supplied with nurses, and the majority of them are doing private duty.

Deaths

Hanna W. Baker (class of 1884, Bellevue Hospital, New York), on April 6, in a hospital near New York. After a life of service for others, full of physical and, at times, mental suffering, her last years were spent in a home where she was well cared for. She was, soon after graduation, superintendent of a small hospital, where she had charge of the training school, also, with no resident doctor, so she was always on call, day and night. She never lost sight of the welfare of the patients and nurses. Later she was in charge of a doctor's office. As a teacher she helped her students work toward the highest ideals; her skill of hand and practical ability knew no bounds; she was an expert at devising substitutes. She was a wise adviser with great insight, an understanding friend.

Annie M. Callender (class of 1921, Army School of Nursing, Walter Reed Hospital, Washington, D. C.), on May 2, at her home, Poquonock, Conn., following a two months' illness. Miss Callender was for two years instructor in Nursing at the Bradford Hospital, Bradford, Pa. In 1923 she became associated with the Henry Street Visiting Nurses' Service, first as staff nurse, later as a District Supervisor. At the time of her death she was on the staff of the Hartford Visiting Nurses' Association. She was twice elected treasurer of her Alumnae Association and had always taken a great interest in nursing activities. Her friends and nursing associates deeply regret her passing.

Jennie L. Cavanaugh (class of 1893, Nebraska Methodist Episcopal Hospital, Omaha, Nebraska), on March 29, at her winter home in Haines City, Fla., following an illness of three months of paralysis. Miss Cavanaugh was a graduate Deaconess and also a member of the first class of nurses graduated from the Nebraska Methodist Episcopal Hospital. One great interest animated her life, her devotion to her hospital in which she served as secretary for more than twenty-five years. She was a woman of rare sacrificial spirit, devoting herself without stint to the needs of others.

Ida M. Downs (class of 1912, Pennsylvania Hospital, Philadelphia), on March 14 at the Mayo Brothers' Hospital, Rochester, Minn., after an illness of six months, with several operations. Miss Downs served as Assistant Superintendent of Nurses in her own school until the war, when she served as Acting Superintendent. She then studied at Teachers College, receiving the B.S. degree in 1923. During her last year there she served as assistant in the School of Practical Arts. She went to St. Luke's, New York, as instructor for a year, and then to China, where she was instructor in the Pekin Union Medical College under the Rockefeller Foundation, where she remained for three and one-half years, until her illness. The loss of one so loved and valued seems a tragedy to her family, her friends and associates. Burial was at Kenton, Del. Mr. Test said of her: "In an institution where we try to make the spirit of love our guiding star, Miss Downs was loved as few others have been loved. She left us a good many years ago, and for several years many thousands of miles have separated us, but neither time nor distance could dim the love which her character and personality kindled and made to glow in the hearts of her friends."

Elizabeth Flaws, who died on September 28, 1926, was honored by a memorial tablet which was unveiled at Wellesley Hospital, Toronto, recently. Miss Flaws was the first superintendent of the hospital, serving for fourteen years. The tablet was erected by the Alumnae Association of the school.

Josephine Fulton (class of 1917, Hartford Hospital Training School, Hartford, Conn.), at Portland, Oregon, March 11, from encephalitis lethargica complicated with bronchial pneumonia, following an illness of ten days. Miss Fulton was a member of the American Red Cross, in service in 1918, at Camp Humphrey, Va. The American Legion took charge of the funeral. She was buried with full military honors. Miss Fulton was a faithful and efficient private duty nurse, and will be missed by her many friends.

Eva Gibbs (graduate of Northwestern Hospital, Minneapolis, Minn.), in Mason City, Iowa, on May 4. Miss Gibbs had lived in Mason City for many years and had at first practiced her profession, but for fourteen years she had been overseer of the poor, a position she filled with faithfulness and ability. Her work during a smallpox epidemic, some years ago, received public recognition. She was an active worker in District 10 and was for many years Chairman of the Relief Fund Committee. Her loss to the community seems irreparable. She worked up to the time of her death.

Emma Grigg (class of 1904, Staten Island Hospital, Staten Island, N. Y.), on April 5, in Toronto, Canada.

Gladys Pritchard Jones (class of 1915, St. Joseph's Hospital, Denver, Colo.), on March 24, at Purchase, N. Y., from pneumonia, following an infection of the hand. Mrs. Jones was a member of Colorado Unit 29 and served in France during the World War. Since the war, she had been engaged in public health work and at the time of her death she was Superintendent of the Visiting Nurse Association at Purchase, Harrison, etc.

Lucille Kasting (class of 1921, Bethesda Hospital, Cincinnati, Ohio), at Detroit, Mich., in March, from complications following scarlet fever. Miss Kasting was assistant supervisor in the operating room at Bethesda Hospital for two years, then took a postgraduate course at the Ford Hospital, and later accepted a position in Detroit.

Margaret Lynch (class of 1892, Paterson General Hospital, Paterson, N. J.), at the Good Samaritan Hospital, Lexington, Ky., April 2,

after an illness of two weeks caused by a brain tumor. Miss Lynch practiced her profession in Florida for two years and then went to Lexington, where for sixteen years she most successfully and satisfactorily did hospital and private nursing. She added to her professional ability the talent of inspiring hope, cheerfulness and patience in the sick and suffering. She was a well-trained, trustworthy, ethical and loyal-hearted helpmeet to the medical profession, a credit and honor to her sex and her profession as well as a valuable constructive worker for the betterment of the citizens of this city and county. She was at the head of the Baby Milk Supply from its beginning, fourteen years ago. Much of the great success of the Baby Milk Supply was due to her untiring, methodical and conscientious service. She did her work for the work's sake, and could lose herself in doing it because her heart, soul and body were in it. Her service knew no caste, creed, color or race, for she was a humanitarian. Her body lay in state in the chapel of Christ Church Cathedral, Wednesday, until the hour of the funeral, and four nurses acted as guards of honor and ushers for the many who came to see all that remained of the friend who had nursed and fed their babies.

Lillian E. Rudicel (class of 1915, St. Vincent Hospital, Indianapolis, Ind.), on May 2, at Indianapolis, of lobar pneumonia. Miss Rudicel was actively engaged as a private duty nurse until the date of her last illness. She served as Secretary of her Alumnae Association for three years, and since October, 1926, has held the office of Chairman of the Private Duty Section of the Indiana State Association. Miss Rudicel was a woman of fine character and she will be greatly missed.

Bessie Alvira Trask (class of 1912, Brooklyn Hospital, Brooklyn, N. Y.), in April. Miss Trask was a quiet but most interested member of her Alumnae Association, one whose gentleness and thoughtfulness endeared her to all.

Bessie Beardsley Whittier (class of 1920, Bethesda Hospital, Cincinnati, Ohio), in October last, at Evansville, Ind., following an operation.

Rose Whitney (class of 1908, Butler County Memorial Hospital, Butler, Penn.), at the Hospital, on March 18. After some years of private duty, Miss Whitney became one of the members of the hospital staff. In 1920 she was elected superintendent. Miss Whitney's death is a loss to the community and to the hospital as well.

My Task

TO love someone more dearly every day,
To help a wandering child to find his way.
To ponder o'er a noble thought and pray,
And smile when evening falls
This is my task.

To follow truth as blind men long for light,
To do my best from dawn of day till night,
To keep my heart fit for His holy sight,
And answer when He calls.
This is my task.

MAUDE LOUISE RAY.

About Books

MUSCLE FUNCTION. By Wilhelmine G. Wright. 188 pages. 26 illustrations. Paul B. Hoeber, Inc., New York City. Price, $3.50.

"MUSCLE FUNCTION" is a reference text for those who are working intensively in the field of muscle training. Miss Wright's association with Dr. Robert W. Lovett, from 1907 until his death in 1925, and her experience in the Vermont and New York State Infantile Paralysis After-care Clinics have given her a wide range of material on which to base her studies. She is so recognized an authority in the field of muscle reëducation that advanced students of the subject will more than welcome this text.

This book would only puzzle graduate nurses who have had no experience in this field, for even experienced workers must study it closely. One quotation from the preface will illustrate the endless study which the author has given to her subject.

> The large numbers of paralyzed patients examined in the clinics gave me the opportunity to observe endless combinations of paralyzed and normal muscles—one muscle left normal when all others of its group were gone or one muscle of a group paralyzed when all the others retained normal power, etc. I watched with the patience of a cat before a mouse-hole; and now and then, perhaps once in a year, or once in two years, an explanation of one of my puzzles would show its head cautiously and I would pounce upon it in joyous excitement.

The first chapter gives the general principles of muscle action. The subsequent chapters take up the movements of the various joints with a study of the muscles which take part in each movement. The last chapter, which gives a list of muscles and the movements in which each takes part, is especially valuable as reference for those actively engaged in muscle training.

The large type, the topical outline at the beginning of the chapters, and the blank space for notes at the end of each chapter are helpful features in a book that is a distinct addition to the meager literature on this subject.

JESSIE L. STEVENSON, R.N.
Chicago.

NURSES, PATIENTS AND POCKETBOOKS. Report of a Study of the Economics of Nursing, Conducted by the Committee on the Grading of Nursing Schools. By May Ayres Burgess, Ph.D. About 600 pages. Profusely illustrated with tables and diagrams. Committee on the Grading of Nursing Schools, 370 Seventh Avenue, New York City. 1928. Price, $2.

THIS is the first of the three volumes promised by the Committee. In Part I, Dr. Burgess, Director of the Study, has placed the facts harvested from many sources. Thousands upon thousands of individual statements from nurses, doctors, registrars and patients have gone into the computations. The facts are presented for the use of nurses and allied groups in the further development of nursing.

The book might have been put out, containing Part I only. The majority of readers will be glad that it was not. Part II shows some of the implications, the probable meanings of the facts. It makes tentative suggestions for the cure of some of the economic ills of nursing.

The book is easy to read. It is one that should be owned by the principal of every nursing school and the director of every nursing service. It

should be available to the officers of every nursing organization, from the alumnae associations up. It should be placed in the hands of boards of trustees. The expenditure of time and moneys in securing the data and in writing the book is imposing. The results will be imposing to the exact degree that the book is used.

How to Cook for Children. By Estelle M. Reilly. 250 pages. G. P. Putnam's Sons, New York. Price, $1.50.

THIS book is a noteworthy contribution to the library or book shelf of any mother or nurse who may have charge for a long period of the preparation of a child's food.

The book is extremely practical without taking away the beauty and attractiveness of foods. It contains a large variety of material: general directions in food training, lists of foods to be given, and various ways of preparing the same kinds of food and suggestive daily menus are given.

Anyone interested in child growth from day to day will find the book interesting and valuable reading.

Many of the suggestions and recipes might well be introduced into the adult's life.

Bertha M. Wood.
Massachusetts.

Feeding the Child from Two to Six. By Mary Hartley Barnes. 206 pages. The Macmillan Company, New York. Price, $2.50.

THE author of this book has not only supplied menus, but has given interesting food facts at the opening of each chapter, preceding the menus for the month.

The combinations of foods in the menus given are attractive, and the menus are based on scientific facts that make them safe for anyone to follow.

For one who is looking for menus, this book will meet the need.

Bertha M. Wood.
Massachusetts.

Textbook of Medicine. By A. S. Blumgarten, M.D. 517 pages. 2 illustrations. The Macmillan Company, New York. Price, $3.

IN the introduction the author has arranged definitions of terms used in connection with the description of disease processes, objective signs, and the classification and treatment of disease. Part I includes a description of the specific toxemias, diphtheria, tetanus, and scarlet fever, and the contagious diseases. The illustration of the measles and scarlet fever eruptions serves to suggest the advantage of such illustrations in a discussion of exanthemata. The table of common contagious diseases includes important facts which a nurse should know.

Part II deals with diseases of organs and systems. The material throughout the book is very well organized. Each disease is considered from the standpoint of etiology, pathology, symptoms and treatment. Wherever it seems to be important, a paragraph is arranged on symptoms to be observed by the nurse. This helps to focus attention on the significant manifestations of the disease itself. The characteristic signs of various diseases are mentioned, and functional tests are described in detail. A helpful feature is the detailed dietary treatment outlined in connection with the various diseases.

The teacher of medical nursing will derive much help from this book, and its organization will commend it to student nurses as a useful text.

Grace Watson, M.A., R.N.
Jersey City.

FRESH AIR IN THE SCHOOL ROOM; HOW TO SECURE IT. SCHOOL ROOM TEMPERATURE CHART; AN AID. By Thomas D. Wood, M.D., and Ethel M. Hendriksen. 7 pages. Public School Publishing Company, Bloomington, Ill. Price, set of 25 charts with pamphlet, 85 cents.

DR. WOOD and Miss Hendriksen have given us in clear, concise terms a statement on the value of fresh air in school rooms and methods of securing this. The suggestions are especially helpful in that they should stimulate pupil activity and result in the formation of favorable attitudes towards the subject of ventilation. The chart is simple and graphic.

BEATRICE SHORT, R.N.
New York.

DIABETES AND ITS TREATMENT BY INSULIN AND DIET. A Handbook for the Patient. Fourth revised and enlarged edition. By Orlando H. Petty, M.D. 155 pages. Illustrated. F. A. Davis Company, Philadelphia. Price, $2.

THE fourth edition of Dr. Petty's book will be welcomed by all those who need a thoroughly practical trustworthy book on the care of diabetes to put in the hands of patients. In the foreword Dr. John B. Deaver, the surgeon, says "its promises of usefulness are great to the profession, and at the same time its language is so simple and direct that it makes its appeal also to the general reader."

WHO'S WHO IN THE NURSING WORLD. Compiled and edited by H. E. Smithers. 229 pages. H. Edgar Smithers Publishing Company, London, England. Price, 5 shillings.

SINCE it is now nearly eighty years since the original "Who's Who" made its appearance, it is no wonder that there is no mention of nurses in that volume. According to the author there are, even at the present time, in the National "Who's Who," but a few names of nurses who have won distinction. Hence this little volume. It is a useful yearbook, since it contains data on each of the many organizations of or for nurses in Great Britain. The British Red Cross Society and the Central Midwives' Board lead off, but there are many others such as the British College of Nurses and the College of Nursing, Ltd.

Hospital and Nursing Journals are listed with the names and addresses of the editors. The list of nurses and the compiled data on their professional work are imposing. It is with regret that one finds a few of the notable names listed with the disappointing notation, "No data available."

COURIERS OF MERCY. By Rev. E. F. Garesché, S.J. 190 pages. The Bruce Publishing Company, Milwaukee, Wis. Price, $5.

THESE friendly talks to nurses are intended primarily for Catholic nurses, but some of them would be helpful and illuminating to those of other faiths. One chapter, "Stressing the Supernatural in Catholic Hospitals" discusses the "very great and fundamental difference between secular and Catholic institutions." The chapter "Nursing for God" emphasizes the need for more Nursing Sisters.

APPENDICITIS. By Thew Wright, M.D. 129 pages. Allen Ross and Company, New York. Price, $2.

DR. WRIGHT'S little book was written solely to clear up some of the misunderstandings in the minds of lay people regarding appendicitis and its treatment, which he clearly states is always surgical.

He closes it with the pungent statement, "If it is true, as I believe it to

be, that the physician who treats himself has a fool for a doctor and a fool for a patient, what shall we say of the layman who expects by the reading of a book or an article to fit himself for such a task?" In other words, his book is intended to help lay people to become intelligent in the matter of seeking and acting upon competent medical advice.

PRACTICAL DIETETICS IN HEALTH AND DISEASE. By Sanford Blum, M.D. Third revision. 319 pages. F. A. Davis Company, Philadelphia. Price, $4.

"PRACTICAL DIETETICS" is a detailed, personal application of diets to various individual needs of persons in health or disease.

The subject matter of the book has been arranged alphabetically, which is quite unusual, and the use of many notes showing the personal adaptation in treatment is another feature which is quite new.

One could find a diet to be used therapeutically for any sex, in any social condition. It is a book more interesting to the lay person than valuable to the professional group.

BERTHA M. WOOD.

BOOKS RECEIVED

THE NURSE'S WHAT TO DO. By Dora Vine. Illustrated by diagrams. 165 pages. H. Edgar Smithers, 139 High Holborn, W. C. 1, London. 1927. Price, 2/6.

A COMPEND OF PHARMACY. By F. E. Stewart, Ph.M., M.D. Tenth edition, revised and enlarged by Heber W. Youngken, Ph.G., Ph.D. P. Blakiston's Son and Co., Philadelphia. Price, $2.

DIETETICS FOR THE NURSE. By I. Stewart, S.R.N. 200 pages. Faber and Gwyer, Ltd. London. Price, 4/6.

THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR. Vol. VII, Training. By Col. William N. Bispham, M.C. Prepared under the direction of Maj. Gen. M. W. Ireland, The Surgeon General. 1211 pages. Illustrated. U. S. Government Printing Office, Washington, 1927.

THIS extremely valuable volume contains eighteen pages devoted to the History of the Army School of Nursing. Much of the material is from "A History of the Army School of Nursing," which is an official record by Annie W. Goodrich, organizer and first dean of the school, which is preserved in the records of the Surgeon General's office. Price, $3.25.

ULTRA-VIOLET RAYS. By Arnold Lorand, M.D. 258 pages. F. A. Davis Company, Philadelphia. Price, $2.50.

HISTORY OF THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY IN THE WORLD WAR, Vol. IX, Communicable and Other Diseases. By Lieutenant Colonel Joseph F. Siler. 628 pages. Diagrams. United States Government Printing Office, Washington, 1928. Price, $2.

THE BANANA, its history, cultivation and place among staple foods. By Philip Keep Reynolds. 181 pages. Illustrated. Houghton Mifflin Company, Boston and New York, 1927. Price, $2.

MEDICAL GUIDE, WITH MEDICAL DIRECTORY AND LIST OF MEDICAL SUPPLIERS. Issued by the National Medical Association of China. 119 pages. Illustrated. Peking, 1928.

EDUCATION FOR TOLERANCE. By John E. J. Fanshawe. 30 pages. Independent Education. New York, 1928.

MODERN HOSPITAL YEAR BOOK, 8th edition. 905 pages. Illustrated. Modern Hospital Publishing Co. Chicago, 1928. Price, $2.50.

A CORRECTION.—We regret an error of our business office whereby it was stated in the "Who's Who" of Helen W. Kelly, April *Journal*, that "School Nursing" by Kelly and Bradshaw was out of print. The book is not out of print; it is constantly in demand.

Some Other Books Worth Reading

By Isabel Ely Lord

TWO volumes of absorbing interest are "Joseph Conrad, Life and Letters" (Doubleday, $10). G. Jean-Aubry, an old friend of Conrad's, has edited the letters, and written the necessary explanations as to Conrad's history. For those who have read Lowes' "The Road to Xanadu," which we noted in these columns last month, the book has special interest, as it is easy to trace the sources of many of his plots and incidents from his own experience, and to see how his creative imagination shaped them as they came up from the "Well." There is much that is pathetic, almost tragic, in the story of his struggles. We read today of sums received for single manuscripts of his that make the amounts he received as payment for the book seem ridiculous—as they usually were. Conrad's personality as it appears through the letters is one to make acquaintance with and to enjoy greatly.

Those who read "From Immigrant to Inventor" will be interested to know of Michael Pupin's "The New Reformation" (Scribner, $2.50). It is an unusual book, being a new version of the question of the reconciliation of science and religion. Most of the volume is given to a detailed account of the important discoveries that have made possible our present advance in the application of science, but it is all aimed at the epilogue on "creative coördination."

A delightful, friendly, vigorous personality is shown forth in Feodor Ivanovitch Chaliapin's "Pages from My Life" (Harper, $5). It tells much of music, naturally, but the part that will linger longest in the reader's mind is the tale of the hardships and actual suffering through which the young singer had to live before he reached prosperity and fame. It is a thrilling life story, enjoyable by anyone, but especially by those who have heard that glorious voice and seen that consummate actor.

Booth Tarkington gives us another of his series on "the seven ages" of today in "Claire Ambler" (Doubleday, $2.50). This time the heroine is a flapper of eighteen, who lives through the book up to twenty-five. The first chapters are most amusing, with their chronicle of the feelings and conversation of boys and girls, and all through, the way in which Claire dramatizes herself is set forth most cleverly. But to one reviewer quite such an empty head seems a little incredible, certainly not typical of any large group—and where does Claire get the philosophy that suddenly develops out of intellectual nothingness?

It is hard to think of a new interpretation of marriage and its possibilities of happiness, yet one is offered in Selma Lagerloef's "Charlotte Loewenskoeld" (Doubleday, $2.50). Miss Lagerloef is a master of her art, and she has never painted a pleasanter picture than that of her heroine.

International Council of Nurses.—Sec., Christiane Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company.—Pres., Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Mary M. Riddle, care American Journal of Nursing, Rochester, N. Y. Elsie M. Lawler, Baltimore; Sally Johnson, Boston; Mrs. Elsbeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C. Editorial office, 370 Seventh Ave., New York. Business office, 19 W. Main St., Rochester, N. Y.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Pres., S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston 19, Mass. Headquarters Sec., Janet M. Geister, 370 Seventh Ave., New York. Sections: **Private Duty,** Chairman, Vada G. Sampson, 1517 S. Van Ness Ave., Los Angeles, Calif. **Mental Hygiene,** Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. **Legislation,** Chairman, A. Louise Dietrich, 1001 E. Nevada St., El Paso, Tex. **Government Nursing Service Section,** Chairman, Lucy Minnigerode, U. S. Public Health Nursing Service, Washington, D. C. **Relief Fund Committee,** Chairman, Mrs. Janette F. Peterson, 680 South Marengo Ave., Pasadena, Cal. **Revision Committee,** Chairman, Dora M. Cornelisen, 148 Summit Ave., St. Paul, Minn.

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Hawaii.—Pres., Mrs. J. T. Wayson, 2828 Kahawai St., Honolulu. Sec., Bertha M. Bentrup, 2610 Rooke Ave., Honolulu.

Porto Rico.—Pres., Mrs. Erudina A.Crespo, Box 362, San Juan. Ex. Sec., Margarite D. Rivera, Box 362, San Juan.

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